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REPORT

ON THE HEALTH OF THE

CITY OF LIVERPOOL

FOR

1963

BY THE

MEDICAL OFFICER OF HEALTH

739



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YEAR

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BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H., Q.H.P.,

Medical Officer of Health

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Chief Food Inspector	A. D. H. Johnstone.
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PREFACE

My Lord Mayor, Ladies and Gentlemen,

It is my pleasure to present to you my twelfth Annual Report, the 116th in the series of Annual Reports of the Medical Officer of Health for the City of Liverpool. The mid-year population of Liverpool as estimated by the Registrar-General was 739,740 (1962—745,230), a drop of 5,490 since the previous year's estimate. The number of deaths from all causes also showed a reduction from 9,162 (Death Rate 12·3 per 1,000 of population) in 1962 to 8,908 (Death Rate 12·0 per 1,000 of population) in 1963. The development of the community care services has continued steadily and the several new developments are described in the text of the report.

Maternity and Child Welfare Services

During the year a total number of 16,126 live and stillbirths were notified which is a reduction of 686 on the number notified the year before. As a result, the birth rate fell to 21·3 per 1,000 of population (1962—22·1).

During the year, two new registers have been opened and will, in future, be kept by the health department. The first is concerned with children "at risk", that is to say, children who, owing to circumstances of their birth or family, are more likely to develop congenital defects or other abnormalities, than other children and, therefore, require much more detailed observation. During 1963, the first year of this register, a total number of 837 children were placed on it.

This represents a percentage of 5·3 of the total number of live births. In the same year, a register was started of the number of congenital defects reported in children. In 1963, 492 babies were reported to have some congenital defect.

Midwifery Service

The number of domiciliary births recorded in the City fell again in 1963 and was 4,768 last year. Despite this the percentage of home births increased to 25 per cent compared with 23·8 last year.

Reference has been made in earlier annual reports to the increasing practice of discharging, early in the puerperium, women from hospital who have been delivered there, and the following table gives some indication of the increase in this practice during the year compared to 1962.

NUMBERS OF WOMEN DELIVERED IN HOSPITAL AND DISCHARGED HOME EARLY

	2nd day	3rd day	4th day	5th day	6th day
1962	79	313	185	133	248
1963	116	349	273	231	347

It will be seen that in every instance there has been an increase in the early discharge in 1963. The total increase over the year is 358.

Staff

The general staff situation changed considerably in 1963 due to the closing of the Liverpool Maternity Hospital district home on the 1st April. The transfer of the district work which had begun in December, 1962, proceeded smoothly, and when it was completed four of the midwives from the Liverpool Maternity Hospital transferred to the Corporation as did their district supervisor who was appointed to do the practical supervision of the district pupils under the non-medical supervisor of midwives. The numbers of maternity staff increased during the year and at the end of the year there were 68 full-time midwives compared with 59 in 1962. This is in addition to the non-medical supervisor, two assistant supervisors and one training superintendent. Two part-time midwives were appointed to care for mothers and babies discharged early from hospital.

Part II Training of Midwives

The training run in conjunction with Sefton General Hospital was extended in June to include pupils from the Liverpool Maternity Hospital and in September from Mill Road Maternity Hospital. An average of twenty pupils at any one time worked for three months under the supervision of their district teaching midwives and tutorials were given by the non-medical supervisor and the training superintendents. Forty-one pupils took the course and all qualified as midwives.

It is satisfactory to report that there has been an increased provision of car transport for midwives during the year and at the end of the year 36 midwives were car owners and drivers. This compared with 29 in 1962.

Equipment

There has been a further increase in the provision of trilene machines for analgesia from eleven to sixteen in 1963. These machines, which are smaller and lighter to carry than the gas/air apparatus, have become more popular.

Disposable equipment including disposable sterile syringes have been widely used throughout the year.

Ante-natal care and co-ordination with general practitioners

During the year there was an increase in the number of specially arranged ante-natal clinics held in general practitioners' surgeries from 31 to 34. It is satisfactory to report that the midwives attended 1,278 sessions at general practitioners' surgeries, an increase of 249 over last year.

Analgesia

There has been an increase in the proportion of trilene analgesia given to patients confined at home compared with gas and air. During the year 559 mothers received trilene analgesia compared with 2,269 receiving gas and air. In addition, the number of patients who received pethidine or pethilorfan was 2,503.

Flying Squad Transfusion Unit

It is interesting to record that there has been a reduction in the number of times the obstetric flying squad was called out. It was necessary to call it out 65 times compared with 77 the year before.

Premature Babies

There has been a reduction in the number of premature babies born at home from 160 to 131. In addition, 727 babies, born in hospital, or born at home and transferred to hospital, were later discharged to the care of the specially trained midwives looking after premature babies. This is a substantial increase on the number of 594 in 1962 and shows the great value of the premature baby domiciliary service. These midwives paid a total of 4,215 home visits during the year which is an increase of 110 over 1962.

Maternal Deaths

It is satisfactory to report that there has been a reduction in the maternal deaths reported in the year, there being three compared with five in 1962.

Work of the Health Visitors

It is encouraging to report that the number of health visitors increased by five during 1963 compared with 1962. At the end of this time, as well as the superintendent and two assistants, there were 88 full-time health visitors. During the year 70,000 children under the age of five years were visited at home at least once and altogether 180,700 visits were made to observe and advise on their general progress. Where any deviation from the normal mental and physical progress occurred, steps were taken to enable parents to seek advice.

Geriatric health visiting

There has been a substantial increase in the amount of health visiting undertaken for the old people in the City. The number of home visits to old people exceeded 5,000 in 1963 which is just over 1,000 more than in the previous year. Many of these visits were made at the request of consultants and general practitioners. The majority of them were made to

old people living alone who needed a great deal of help, support and assistance. There has been increased co-ordination between the health visitors and the geriatric consultants caring for the aged and, in this way, the health visitors have helped the physicians to make the best use of the limited number of hospital beds in the City.

Convalescent holidays

There has also been an increase in the amount of convalescent holidays arranged for elderly people during the year, 64 elderly people were sent away for a period of convalescence compared with 28 in 1962. There is, however, a shortage of convalescent homes catering for mothers and their babies together, and it was only possible to send away 27 mothers and babies during the year to voluntary homes.

Problem Families

Once again the health visitors have concentrated on visiting and helping problem families living at home. During the year, over 2,000 lengthy visits were made to these families and much help and useful work undertaken. Eight mothers with their children were sent away to Brentwood rehabilitation centre.

Accidents in the Home

The home accident survey, which was conducted throughout the whole of 1962, has continued, and 3,700 visits have already been made to find out, if possible, the cause of the accidents. Subsequently advice and help were given in every case to prevent a repetition.

Mothercraft and Relaxation Classes

It is satisfactory to report that the number of expectant mothers attending the mothercraft and relaxation classes continued to increase, and this was primarily due to the work of the health visitors attached to the hospital ante-natal units within the City. Altogether 1,170 mothers attended these classes, 962 being referred from hospital ante-natal clinics, and made a total of 5,256 attendances. The majority of mothers attending these classes have found them most useful and enjoyable and frequently have written letters to express their appreciation of the help which they have received.

Diabetic Health Visiting

The special arrangements for visiting diabetic patients has continued throughout the year and patients attending the David Lewis Northern Hospital, Walton Hospital and Sefton General Hospital have been visited at home. A total of 1,400 visits have been made by the health visitor to 913 patients. The patients have been of all ages and instruction was given on diet, the injection of insulin and on general health matters.

Co-operation with Hospitals

The co-operation between the hospitals and the health visitors has increased during the year. Examples include the health visitor attending the neurological unit at Walton Hospital so that she can carry out home visits at the request of the consultant, and similar work has been done in Alder Hey and the Royal Southern Hospitals.

Seven health visitors have also continued to attend maternity hospital clinics and the paediatric clinic at Alder Hey Hospital to assist families and their friends. There have been a large number of visits paid to patients discharged from hospital and reports sent to the consultant physician or surgeon at the hospital on the progress of the patient.

Child Welfare Clinics

The number of children who attended the child welfare clinics fell by 910 compared with the previous year. Altogether 17,081 children made 99,021 visits during 1963. It seems likely that the exceptionally cold, bitter winter weather during the first quarter of the year must have accounted for the drop in this number of visits as it is noted that over 9,000 fewer visits were paid altogether to the child welfare clinics in these months compared with the same period in 1962.

Home Nursing Service

It is satisfactory to report that the training of new district nurses has increased during the year. Altogether 29 nurses including two male nurses will have been trained as Queens nurses, which is an increase of twelve over the figures of the year before. Twenty-one of these students have been trained for the Liverpool staff and the remainder come from Anglesey, Yorkshire, Monmouthshire, Westmorland, Cumberland and Lancashire. This increased training has meant an improvement in recruitment of staff and at the end of the year the number of district nurses on the staff was 107 compared with 90 in 1962.

The pattern of work undertaken by the home nursing service during the year has remained much the same. 5,385 patients over the age of 65 years have received 171,602 nursing visits and the total number of cases visited in the year was 12,266. There has been an increase in the number of late night visits made to give sedatives and morphia to very ill patients, and during the year, 5,385 such visits were made. This is an increase of 345 over the figures in 1962.

Incontinent Laundry Service

The incontinent laundry service has continued to develop and 270 patients availed themselves of this service. This is an increase of 41 over the figures for 1962.

To assist the district nursing staff, nine bathing attendants were appointed who work under the supervision of the district nursing sisters and form a most useful service bathing acutely ill patients at home.

Home Nursing Equipment

There has been a further continued increase in the demand for home nursing equipment during 1963 and many new articles of equipment have been purchased including heavy lifting equipment. The number of items loaned during the year was 5,942 which is an increase of 893 over the figures of the previous year.

Day Nurseries

The twelve local authority day nurseries have continued to provide accommodation for 670 children during the year. One nursery, the Orwell Road Day Nursery, had to be closed at the beginning of the year following flooding due to burst pipes during the Christmas vacation. During the time the building was closed, work was carried out to improve the outside fabric of the building.

The nurseries have continued to stress the importance of preventing accidents both in the home and on the road. Towards the end of 1963, all nurseries arranged displays of flame-proof material for night-dresses as part of a campaign to prevent burning accidents in the home.

The training scheme which has been in operation for many years at day nurseries has continued to be successful in training nursery nurses and, during the year, nineteen such students were successful in the examination. Fourteen of these nurses were employed in the day nurseries, two in the education nursery schools and three started further training.

Thirteen private day nurseries and four daily minders were registered with the local authority under the Child Minders Regulations Act 1948. These nurseries are visited regularly by the assistant medical officers concerned to give advice and help on matters in regard to the welfare of the children.

Chiropody Service

During the past year, the chiropody service has continued to expand. Additional district sessions have been opened to meet the growing demand for the service in the out-lying areas. The provision of transport has also made it possible for frail and crippled patients to attend clinics and the domiciliary service has continued to be available for those who are housebound.

There has been an increase from 1,024 domiciliary visits in 1962 to 1,263 in 1963, and in addition to this 22,945 treatments have been given at district clinics and the central foot clinic.

By the end of the year sixteen chiropodists were conducting 65 weekly sessions, one was employed on domiciliary visits and one full-time chiropodist was carrying out both types of work.

Home Help Service

The home help service had continued to grow steadily throughout the year, and by the end of the year the number of home helps had reached 404. This compares with 322 at the end of 1962. There has also been a substantial increase in the number of homes helped during the year as 5,126 homes were helped compared with 3,614 in 1962. There has been no change in the types of families assisted.

Infectious Disease

The incidence of infectious disease in the City during 1963 was very similar to the previous year with one or two exceptions.

The number of cases of measles fell from 10,832 in 1962 to 4,837 in 1963, while the number of cases of whooping cough greatly increased to 1,726 from 208 in 1962.

Measles

Once again the majority of cases of measles were exceptionally mild.

Whooping Cough

In addition to the large increase in the number of cases of whooping cough, the disease was remarkably severe in many instances. The majority of cases were under the age of five years. It is interesting to note that there were a number of instances where whooping cough was reported from children who had been adequately immunised against the disease. In all such cases, the disease proved to be quite mild. In view of the more severe cases which were occurring amongst the non-immunised at the same time, it seems clear that the immunisation was the cause of the mildness of these cases. Investigations were undertaken to see whether there was any evidence of infection with the para pertussis bacteria but none were found.

Poliomyelitis

It is most satisfactory to report that only one case of poliomyelitis was notified during the year. This was a paralytic case of the disease affecting the diaphragm and although a full biological investigation was carried out, no isolation was made of the polio virus, although from a contact in the same family another type of virus, an ECHO, was isolated.

Dysentery

383 cases of dysentery were notified during the year. This represents an increase on the numbers reported in 1962, but still falls short of the number of cases reported a few years ago.

Paratyphoid Eight cases of paratyphoid were reported during the year. Although a full investigation of these cases was undertaken it was not possible to be certain as to the source of infection in any case. A full report on each of these cases is given in the general text of the report.

Food Poisoning A total of 73 cases of food poisoning were traced during the year and a number of different salmonella strains were involved as well as thirteen instances of staphylococcal toxin food poisoning. Some of the cases are discussed in detail in the text.

Anthrax There was one single case of anthrax reported occurring in a dock worker who developed a subcutaneous lesion of anthrax on the side of the neck. Fortunately he was promptly treated and made a complete recovery. Infection was probably caused by the carrying of hides.

Influenza For the second year in succession there was no epidemic of influenza in 1963 in Liverpool.

Diphtheria Immunisation During the year, the number of children receiving a primary course of diphtheria immunisation was very similar to 1962, 10,024. There was however, a small increase in the number receiving booster doses and this rose from 5,389 in 1962 to 5,565 in 1963. This improvement has probably been due to a change in the technique of giving these booster doses which are now given by the school medical officer. Opportunities are also given for booster doses to be given in the schools at the time of school medical inspections, and this, of course, has the advantage that the immunisation can be carried out promptly after the parent has given consent.

Whooping Cough Immunisation During the year 8,564 children were immunised against whooping cough with a primary dose. This figure was slightly less than in 1962, and 1,253 children received a booster dose of whooping cough immunisation which is considerably less than the 2,166 in 1962. It is felt that the main reason for this decrease in number is the effect of the epidemic of whooping cough spread over several months of the year during which few doses were able to be given.

Tetanus Immunisation There has been a total number of 8,767 children given their primary course of tetanus immunisation during 1963.

Smallpox Vaccination During 1963 only 1,795 children received infant vaccination which is by far the smallest figure ever recorded. It seems that the low figure is primarily due to the change of policy which was introduced some time ago

whereby infant vaccinations are no longer given in the first year of life but are offered shortly after the child reaches its first birthday. This seems to have lead to a reluctance on the part of parents to bring their children forward at this time of their life for protection by vaccination.

Poliomyelitis Immunisation

During the year 6,041 primary doses of Sabin vaccine and 1,002 booster doses were given.

After the successful immunisation campaign of 1961 and 1962, this is a most disappointing result.

Mothers seem slow to take advantage of the ease of oral immunisation for their young babies. All should be immunised promptly when six months of age. Arrangements are being changed so that health visitors will call at the homes of all babies shortly after their first birthday to check they have been immunised. If they then find an unimmunised infant, the first dose of oral vaccine will be immediately offered.

It is hoped, in this way, to ensure that over 90 per cent of all newly-born infants will be immunised against poliomyelitis.

Tuberculosis

During 1963, there was a further reduction in the number of new cases of tuberculosis being reported in the City. A total of 434 cases was discovered numbering 391 pulmonary and 43 non-pulmonary infections. This is the lowest figure ever recorded in the City and it is encouraging.

There is still plenty of evidence, however, that the problem of tuberculosis is still a serious one in the City. In particular there has been an increased percentage of sputum positive cases discovered amongst the new cases reported from all the Chest Physicians. This means that new cases have not been diagnosed as early as in the last year or two. The problem is still primarily in males as seen by the fact that of the new cases found 62 per cent were men.

The preventive work in the field of B.C.G. vaccination has been stepped up and there was an increase in the number of babies vaccinated at birth from 2,309 in 1962 to 3,543 in 1963. This is a result of the extension of the arrangements for B.C.G. vaccination of young infants from the Maternity Unit at Sefton General Hospital to the other maternity units in the City.

The special arrangements referred to in the last annual report about the housing of infectious cases of tuberculosis has continued and, during the year, just over 100 cases of infectious tuberculosis were rehoused in this way.

In only one instance, was it necessary to take compulsory action under Section 172 of the Public Health Act, 1956, to insist on the compulsory admission to hospital of an open case of tuberculosis. This patient, who had been admitted once before in the same way, became infectious again and refused to go into hospital and action was taken to protect her large family.

Control of Radiation Hazards

The Radiation Substances Act, 1960 came into operation on the 1st December, 1963 and from that date all users of radioactive substances have been required to register under Section 1 of that Act. Certificates of registration are issued by the Minister of Housing and Local Government. A copy of each certificate of registration is supplied to the local authority in whose area the radioactive substance is to be used.

Several months prior to the start of this Act, a great deal of preparatory work was done to ensure that the conditions under which radioactive substances were to be used would prove satisfactory to the Ministry of Housing and Local Government, the Factories Department of the Ministry of Labour and the City Council. Certificates in respect of seven intending or existing users were received. In each case the premises were inspected, the intending users interviewed, and the public health aspects of possible radiation hazards were discussed. Very close liaison with the Factories Department and the Fire Service was maintained to ensure that a high standard of safety was achieved with minimal interference with the industrial processes being carried out. In a few instances the necessary precautions which had to be observed for health and safety, would in the opinion of the manufacturer prove impracticable, and the intention to use radioactive materials was abandoned.

One of the problems in industry is the very wide range of educational background and practical training in the safe handling of radioactive materials which was met amongst the various applicants. These varied from university teachers with daily familiarity with the problems to one workman with very modest general education, and with no education in basic physics whatsoever, who was expected to use a gamma ray cylinder gauge after only a few minutes instruction from his foreman, who was himself no better educated, and had received his training in a similar way from a visiting representative of the firm supplying the gauge. It was not easy in this instance, to impress both upon the the employees and the employer the need to adhere strictly to the precautions advised, but with

the help of the factory inspectorate and by dint of a certain amount of persistence, a satisfactory standard was reached.

In two instances final certificates were not granted because the authorities were not satisfied with the standard reached. Details of these are given in the text.

Mental Health Service

During the year, the growth of the mental health service has continued and plans for its future expansion have been published in the department's ten-year plan which was submitted to the Ministry of Health. These show the large-scale development which the Health Committee wishes to put into practice.

Probably the most important event in the year has been the start which has been made on the scheme in which thirteen residential hostels, which will house 150 mentally disordered people, are being provided at New Hall, Fazakerley. This provision is an innovation and the keen interest with which the completion of the plan is anticipated is perhaps mixed with some anxiety to obtain and maintain suitable staff. Building progress in the hostel scheme has been rapid. Unfortunately, however, another very important scheme, the erection of a sheltered workshop, has not progressed during the year. Further reference is made to this later on.

The important emphasis on the community care of mentally disordered people is reflected in the fact that over 16,000 home visits were paid by the staff during the year, and, at no time, was there any delay in providing officers to carry out home visits.

Staff Organisation and training

During the year, the first two officers of the mental health service who had been seconded to the two-year Younghusband course being held in Liverpool returned, and arrangements were made to second further officers to the next courses. This arrangement, which is most satisfactory, does however, highlight one difficulty, that there has been a tendency to give less credit than is deserved to the efforts of the older officers in the department, none of whom are likely to be accepted for the full-time Younghusband course. In the Liverpool service the existing mental welfare officers, who have learned by experience, do a first-class job.

At the training centres, the policy of giving in-service training to new recruits has continued and this has been connected also with the seconding

to the full-time course of a number of assistant superintendents each year.

Community Care

In the main text of the report, interesting details are given of four cases which show very clearly the immense amount of work which is done in community care for the mentally subnormal and mentally ill. In the first case, it will be seen that even though this patient had the very greatest of help from the employer and staff, he just, in the end, could not cope with every day life. He had to return to hospital which, in the absence of any adequate home, seems to provide for him the shelter which he requires. This case should not be looked upon as an excuse for not attempting to rehabilitate people who have been in a mental hospital for such a long period as this patient, but it is given just to point out how, sometimes, the after-care work has disappointing results. This very often is due to the fact that the seeds of the problem were sown long before the treatment of the case was started and rehabilitation attempted. In this particular case, there seems no doubt that inadequate home conditions, must have played a significant part in producing this problem.

The second case indicates the enormous difficulties facing anyone attempting to look after an acutely mentally ill patient who, from time to time, has acute relapses, although in between these she may be perfectly well. The points which come out of this case are, firstly, that although the mental welfare officer was in every instance responsible for the patient's readmission to mental hospital on breakdown, at no time was any resentment shown by the patient or her relatives towards him. In fact the opposite is the case, for the family and patient always turned to the mental welfare officer in difficulty for help and advice. It is, however, sad to report that in this instance, as indeed in many others, the after-care which has been possible has been interrupted by the absence of notification of discharge from the mental hospital. This does seem to be an example of lack of co-operation.

The third case is another very interesting one dealing with a child who has advanced schizophrenia and the efforts made by the department and educational service to assist this patient and her family. Unfortunately, in this case, she does not appear to be getting the encouragement from her parents which is so necessary, and the department has done all it can to see whether it can, itself, provide support which is lacking at home. This case shows that such support is well worth while even though spectacular or even encouraging results cannot be anticipated and do not occur.

Training Centres

The number of children attending training centres during the year reached 283 which is a larger figure than ever before. There were three new features in this year's work which call for special attention:—

1. Classes were opened for the first time for children who need special care because in addition to their subnormality they have physical defects or gross behaviour problems.

2. The institution of door to door transport has been provided during the year. This, of course, has made it possible, to take the first type of case for the first time into the centres. At the end of the year 65 children and adults were using this transport daily in addition to the seven special buses serving the centres. The provision of transport for handicapped persons has also made it possible to admit children under the age of five years to training centres for the first time. This is a great advance, for it allows the training and assessment of such children to be started at the necessary early stage.

3. Routine medical examinations by two school medical officers have started at the centres and each spend a session at the centres weekly. These have proved most helpful and parents have responded well by coming along when invited to the medical examinations.

The appointment of additional staff at the training centres has enabled classes to be kept to reasonable size—the average size of class is between eight and twelve—and this is a great advantage. However, the accommodation, which in the past have been markedly increased, must now wait for the provision of a workshop before further numbers can be taken in. This is because, at present, three buildings designed for training centres, are being used at New Hall for workshops.

The duties of the liaison officer who works between the centres and homes are discussed in detail in the text. This is illustrated by a long case history of a young boy who was found to be mentally subnormal. Once again this report shows the importance of continued care and support which the mental welfare officer can give to the patient, and in this instance, although the background early on was most unsatisfactory, it is pleasant to report that the conditions at home have greatly improved.

Workshop provision

At the end of the year, 180 persons were attending the three buildings at New Hall serving as workshops in the absence of the specially designed

building. In addition 60 more adults attend the adult training centre at New Hall. It has been found useful to make a clear distinction between adult centres and workshops, and mentally subnormal children on reaching the age of sixteen are transferred to the adult centres and later transferred to the workshops when they are ready for this transition.

It is satisfactory to report that during 1963 further contracts were obtained from industrial firms and this has led to a markedly increased amount of work being undertaken during the year. This is shown particularly by the substantial increase in the payments received from industry for work undertaken in the workshops which reached the total of £5,800 in 1963 compared with £2,500 in 1962. All these payments are allocated to the workers on a points system which takes into account behaviour, regular attendance and genuine effort as well as ability.

There will, however, be a serious setback to the development of the implementation of the ten-year plan if the special workshop is delayed further. As the workshop at present is occupying buildings which are to be used as training centres, this has the effect of preventing also further training centre provision. It is important, in this respect, to point out that there is a growing waiting list of adults requiring workshop provision who have never attended a junior training centre, but who have been referred to the mental health service after leaving special schools for the educationally subnormal. These mentally subnormal adolescents are reported to the health department for help at a most important time in their lives and failure to provide sheltered employment at this stage when they are unable to cope with open employment is a serious deficiency. A further point is that when the first group of residential hostels are opened shortly, some of the residents in them will undoubtedly need workshop provision for which at present there is no place.

Mental Health Centre, Johnson Street

The work at the mental health centre at Johnson Street has continued most satisfactorily throughout the year. At this centre, which is run by two occupational therapists, various contract work, particularly making nylon pan scrubs and babies' bibs, has been carried out and there is also much social and recreational activity including plays, films and visits to factories. Once a week a club night is held for the patients and friends. A good attendance has been maintained throughout the year and the mental welfare officers who refer the patients to the centre have been able to watch their progress. A group from this centre formed part of a larger party of

handicapped people who spent a week's holiday in September at a holiday camp in Morecambe. This holiday was a very great success and many expressions of thanks have been received.

Short term care

It is satisfactory to report that there has been an increase in the amount of short-term care provided by the Regional Hospital Board during the year, a total number of 495 weeks stay was provided for 141 patients. In addition, 47 patients have spent 99 weeks at the Orchard Dean and other voluntary homes. This provision is most useful for it allows parents and others, who are looking after mentally subnormal people at home, to get a temporary break at times of stress or during holiday periods.

Mental Health Review Tribunals

Reference is made at the end of the mental health section of the report to the work of the mental health review tribunals for the first time. These tribunals which were set up as part of the new machinery under the Mental Health Act are quasi judicial committees with legal, medical and lay members who consider applications for discharge of patients detained in hospitals under the Act. The staff of the mental health section are increasingly called to attend meetings, to give advice to these bodies and to provide them with reports. Also, reports on the progress of patients discharged by the mental health review tribunals have been asked for and forwarded to the Ministry of Health.

So far, the number of patients discharged from hospital by means of the mental health review tribunals have only numbered seventeen. Of these ten have made a reasonable adjustment to their return to the community but seven have given considerable problems to the mental health service, either because of their inability to settle in the community or because they have broken the law and had to be brought before the courts. These numbers obviously are small and the time period is too short, to allow any conclusions to be drawn. They suggest, however, that great care is necessary in deciding whether or not to discharge patients from detention in hospital. It will be of very great interest to read the complete collation of the national reports which at present are being collected by the Minister of Health.

Ambulance Service

A record number of patients, 272,475 were carried by the ambulance service. This compared with 251,818 in 1962, an increase of 20,657. There was, correspondingly, also an increase in the mileage covered by the ambulance service this year, and this has been caused by not only the increased number of patients but by the opening of new clinics in different

hospitals. There has been a marked increase in the number of day centre cases at Newsham General Hospital during the year.

The hospital transport officers at all the major hospitals have continued to help in co-ordinating the journeys into efficient runs for the ambulance service.

Communications

All vehicles in the ambulance service are now radio controlled and to increase the efficiency of the telecommunications system, the base station, situated on top of Cresswell Mount was changed during the year from a 15-watt power station to a 25-watt power station. The remote control unit at Ambulance Headquarters, which is connected by G.P.O. land-line, was changed to a new unit adapted for talk-through. This enables the radio system to be switched over in the event of a major accident to allow vehicles to be controlled at the scene of the accident. In addition, it enables conversation to take place between mobile vehicles.

Occupational Therapy

During 1963, there has been considerable difficulty in the recruitment of staff, and there have been a number of resignations due to marriage. This has meant that many parts of the service have been understaffed throughout the year, which has resulted in a number of work schemes already started having to be curtailed and the number of patients accepted at the units being strictly limited. Towards the end of the year, the salary scale for occupational therapists was changed and this, it is hoped, will help recruitment.

Domiciliary Service

The domiciliary service has again been kept very busy both in providing therapy at home for those unfit to attend the units and in devising and making the many aids which make it possible for a disabled person to live satisfactorily in their own home. Four occupational therapists have been engaged on domiciliary work throughout the year.

In this work, it was found that one of the great difficulties the domiciliary staff met, was that of a patient who is alone for long periods in the day, and unable to move on to the lavatory or on to a commode. After many unsuccessful experiments and, with the help of one or two people outside the department who are interested in helping the disabled, a special seat has now been devised and is being tried out. Part of this seat is mechanically operated and slides away. This differs from the Ministry of Health commode chair in which the whole seat has to be moved by hand. Further experimental work undertaken by the section in relation to aids include

a piece of apparatus which is being made and tested, and it is hoped will take the place of a hydraulic hoist where this is impracticable because of its size.

Rumney Road Rehabilitation Unit

The work at the unit has continued satisfactorily throughout the year. It is most interesting to note that the attendance figures have shown that the unit is catering for a far greater proportion of men than women, 67 per cent men compared with 33 per cent women. This is probably due to the fact that it is easier for women to return to work either in their own homes or in light industry than the majority of men, many of whom come from heavy industry. A number of patients have been sent on to further rehabilitation and training courses with the Ministry of Labour. Because of the high proportion of male patients, it is hoped that soon the section will be able to obtain the services of a male assistant to instruct in woodwork and also to make some of the many aids required for the patients.

Electric Hoist

During the year, an electrically operated hoist has been installed in the unit. This hangs from pulleys on a track secured to a joist in the ceiling and enables completely helpless people to be lifted from their wheel-chairs and lowered on to the toilet. A young paraplegic who is paralysed from the waist down, but still has full use of his arms, can perform this operation on his own.

Two ejector type seats have been purchased for use in the section and patients are brought in to try these chairs so it can be found out whether they are suitable before purchase. Both chairs have seats which when released gently push the patient forward into a standing position which enables people with stiff hips and knees to stand without help.

Additional changes in the department have included the purchase of a small printing machine which is being used to print headed letter-paper.

Holiday for the handicapped at Morecambe in September

During September, a party of 65 patients and staff went on a holiday to Morecambe. The party consisted of patients from the Occupational Therapy Unit, the Mental Health Service and the Welfare Centres, and was transported to the holiday camp in two coaches into which sixteen wheel-chairs were also packed. A block of chalets had been booked, which included a number with wide doorways which could accommodate wheel-chairs, and situated as near the dining-room as possible. A member of staff was provided for each row of chalets so that help was readily available to any patient needing it. As there were more than twice as many wheel-

chairs as staff, other patients were called upon to help push them and in this respect the patients from the mental health centre proved extremely useful. Ages in the party were wide ranging from eight to seventy years, but as the holiday camp catered for all ages and tastes, everyone was able to either join in or watch the many activities taking place. The holiday generally was a very great success and greatly enjoyed by the handicapped.

Housing Problems

Reference is made in the text to the problems of adaptations to houses in the City for the handicapped. Provisions which are necessary have included slightly wider doorways, building of ramps instead of steps wherever possible, the addition of hand rails and the siting of power plugs at waist height instead of floor level. Special windows have also to be put in which can be opened without having to reach over sinks or stand on chairs.

Four very interesting cases are discussed illustrating the work undertaken by the occupational therapy section. Study of these cases in detail show the degree of improvisation which has been necessary to achieve success. It also shows, particularly in the second case, how continuous care can alter a patient who is home-bound and completely crippled to one who can successfully complete a course of training with the Ministry of Labour and probably be able to be employed full-time in a clerical job in the near future. The second patient was one who was mentally ill for over twenty years and has been under constant home care by the department for the last five years. First it was necessary to improve his concentration and increase his confidence. This was done by teaching him an occupation which he first performed at home and later at the rehabilitation unit. After this he was able to move on to the Ministry of Labour and successfully complete a course of training. There is no doubt that although progress is slow, the background of self-confidence and self-respect which is necessary to success, has now been built up and the greatest obstacle in this man's rehabilitation overcome.

Welfare Services

During the year, the most important aspect of the welfare services for the aged has been the reconsideration of the plan to replace Westminster House at a date much earlier than had originally been planned. At present, the number of aged persons resident in Westminster House is 560. The Health Committee have decided to close Westminster House by the end of the five-year period, 1964 to 1969 and to transfer the residents to ten new establishments, each to be capable of accommodating about 56 old persons. At the same time, it is planned to construct at least two hostels a year to

improve the facilities for the waiting list which has grown steadily, and about which much reference was made in the last annual report. At the end of 1963, this waiting list had, in fact, grown to just under 400 persons. During the five-year period ending 1969, it is intended to provide four new hostels a year, or over the whole period, twenty new hostels, to meet the need for Westminster House and the need for the waiting list.

New buildings

Melwood House in West Derby which was completed towards the end of 1962 came into full operation early in 1963 and throughout the year has accommodated 55 residents.

A new building in Rumney Road, Kirkdale, named Cavendish House was completed during the summer and its first residents were admitted towards the end of September. The home accommodates 59 old people and a considerable proportion of these came from Westminster House.

Early in 1963 a start was made on another building in the grounds of one of the old persons' hostels, Croxteth House, in an area bounded by Ullet Road and Lathbury Lane, and building progressed satisfactorily throughout the year. It is hoped that this new hostel will be ready for occupation towards the end of August, 1964.

Towards the end of the year, plans were complete for submission to the Ministry of Health for the first new hostels of the five-year building programme. These will be sited at Speke for 56 residents, Fazakerley for 56 residents, Croxteth Drive for 45 residents, and Aigburth Drive for 50 handicapped people.

Holiday scheme at Southport

The summer period once again saw a number of elderly people enjoying a holiday at the department's home in Southport known as Westdene. These were either residents of the various homes in Liverpool, or old people living in their own homes who needed care and attention, and for whom a short holiday would prove beneficial. In November a start was made on a general improvement in the facilities in this home. As a first stage in this upgrading the central heating and domestic hot water supplies are being improved.

Christmas Aid

Once again, a great deal of help was given to elderly people living at home over the Christmas period. With the help and co-operation of the Women's Voluntary Service a number of elderly persons were able to receive food parcels. For the first time the delivery of mobile meals was operated during the holiday period. A number of old people also spent

Christmas day at one of the residential hostels close to their homes. This arrangement, which has steadily increased during the last two or three years, is a great help and prevents any old person being lonely over the holiday period.

Day Centres

The day centres in operation throughout the City have continued to work very satisfactorily. In particular, it is interesting to record the establishment, in a large recreation room at New Grafton House, of a new day centre organised by the Men's Voluntary Service with the approval of the Health Committee. By this means, a men's club has been formed from the residents and elderly men in the district which meets twice weekly with an attendance of some 25—30 people and social afternoons are held from time to time. Although it is a new venture it has proved extremely popular and has been an asset to the area.

The well established centres at River View, Sheil Park and Paradise Street have continued to carry out a most useful function with the assistance of the Women's Voluntary Service.

Additional Comforts

It is, once again, most pleasant to be able to report the kindness of the Merseyside Hospitals Council in providing a considerable donation to enable a number of pianos, television and radio sets and card tables to be purchased for many old persons' homes in the City.

Temporary Accommodation

During the year there has been considerably increased pressure on the temporary accommodation at Lower Breck Road, particularly in the latter months of the year. It has, increasingly, become clear that this accommodation falls short of what is required to deal adequately with homeless families, including their rehabilitation, and there is an urgent need to provide temporary and intermediate accommodation. The City Council has agreed that an immediate search be made for suitable premises but so far none has been found. Certain minor improvements have been carried out in Lower Breck Road in the way of additional toilets and washing facilities and an extension to the heating system.

A very useful arrangement came into operation during the year under which the Salvation Army has agreed to reserve a small number of beds at their Netherfield Road Hostel for women who may need shelter at night, where the full range of residential care is not necessary, but where some supervision is required which could not be given in the accommodation at Lower Breck Road. At one stage during the year the number of persons

accommodated at Lower Breck Road rose to 119 including two men, 27 women and 90 children. This figure which is the highest for many years quickly fell after Christmas to the more normal figure of between 60 and 70 persons. The average length of stay of all families was approximately sixteen days, the longest stay being 29 weeks.

Case Conferences

The monthly case conferences have continued to be held regularly and attended by interested case workers, and have proved most successful in dealing with the problem of the families admitted to the Part III accommodation.

In addition there have been a number of other case conferences held in relation to problem families during the year and altogether these conferences have dealt with 100 families.

Individual Case Reports

In the text of the report are given full details of individual case reports which have been dealt with by the welfare visitors during the year. These reports make very interesting reading and emphasise the enormous problems which are faced by the staff. In particular, cases one and two emphasise the enormous problems created when an old person is completely uncooperative. Wherever possible, arrangements are made to persuade an old person to receive assistance of one kind or another but occasionally it has been necessary to remove compulsorily people from their homes.

Removal to suitable premises of persons in need of care and attention

During the year it was necessary to remove to suitable premises old persons in need of care and attention on twenty occasions. This involved nineteen people as one person had to be removed twice. It is interesting to note that of the nineteen people involved, by the end of the year seven were still being cared for in hospital or residential care, four had returned home and eight had died.

Mobile Meals

The year saw a great increase in the provision of mobile meals within the City and it is most satisfactory to report that the number of mid-day meals provided in a month rose from 5,969 meals provided at the end of 1962 to 8,728 meals per month by the end of 1963. This dramatic increase was made possible by the provision of further transport and particularly by the provision of the handicapped persons transport which can be used in the mid-day period for the transport of mobile meals. The new homes at Melwood and Cavendish House which were opened during the year have played a vital part in the preparation of meals.

Welfare of Handicapped Persons

Plans are in hand to increase the amount of meals steadily and it is hoped by the end of 1965 that about 12,000 meals a month will be provided.

Use has been made throughout the year of 100 Walton Village for social and recreational purposes by a number of voluntary bodies including the Inskip League of Friendship, the Invalid Tricycle Association, the Liverpool Hard of Hearing Club, and the Liverpool Spastic Day Fellowship.

The four centres established at Garston, Mill Street, Knotty Ash and Walton Village have been working very satisfactorily for handicapped people.

Two very successful day outings took place during the summer for handicapped people attending the handicraft centres, the first outing in July to Fleetwood and the second to Rhyl in September. The Christmas party held just before Christmas at the Deaf and Dumb Institute was a great success, and was attended by all those who normally attend at the handicraft centres and their helpers.

Blind Welfare Statistics

It is interesting to note that there has been a falling-off of the number of blind people in the City in the past ten years. The register now numbers 1,488 compared to 1,688 in 1953. During the ten-year period in question there has been a steady reduction. The number of blind persons employed in sheltered employment and open industry has hardly changed during the year, there being 74 blind persons employed in sheltered workshops and 112 in open industry.

Sir Robert Jones Workshops

During the year, these workshops, which now act for the local authority on an agency basis, have employed 70 severely handicapped people, mainly in the trade of book-binding and printing. A per capitation fee at the rate of £320 per person has been made during the year, and, of course, there will be the usual grant from the Ministry of Labour. The deficiency before taking into account the capital payments was below that for the previous year and this was reflected in the efforts of the management committee to absorb increased out-goings from their own finances.

Deaf and Dumb Welfare

The welfare of the deaf and dumb has continued to be done most satisfactorily by the two voluntary bodies, the Liverpool Adult Deaf and Dumb Benevolent Society, and the Catholic Deaf and Dumb Society of St. Vincent de Paul. A most successful meeting was held during the year of representa-

tives of the Merseyside local authorities and voluntary bodies, when a very interesting address was given by a representative of the National Institute for the Deaf on a venture to encourage young deaf and dumb persons to take part in a number of outdoor activities in the Lake District.

Epileptics

There has been a continuing welfare service provided for 89 epileptics receiving care at the cost of the local authority in three different establishments administered by voluntary organisations and one by another local authority.

Parking of Vehicles for Handicapped People

During the year a number of badges were issued to drivers to display on their invalid carriages to help the Police to assist drivers in parking, and to exercise discretion in their favour wherever possible.

Structural Adaptations in homes of Disabled Persons

There has been a considerable increase in the amount of structural adaptations in homes of disabled people. During the year the amount of capital development spent on this rose from £1,270 in 1962 to £2,000 in 1963. These adaptations which are most helpful to assist handicapped persons to overcome their difficulties have included the provision of ramps and carriage crossings, and alteration to paths, doors, fences and walls. These changes have proved most beneficial to the handicapped persons concerned.

Housing Points Scheme

There has been a 17·2 per cent increase in the number of general medical cases applying for rehousing. This increase numbers 726 applications and the total number applying during the year was 4,918.

Points were awarded to 654 general medical cases and 156 of these were recommended to the Director of Housing for special priority rehousing, 80 of them being accommodated by the end of the year. In addition, 2,102 general medical cases applied for transfer during the year and, of these, 746 or 35·5 per cent were recommended for a transfer to the Director of Housing.

In addition, the scheme has continued whereby up to 180 new lettings are available each year for urgent priority rehousing on medical grounds and 100 of these have been allocated to the rehousing of tuberculous families and the remainder to general medical cases.

Examples are given in the text of the type of case which has been aided during the year by the awarding of housing points.

Medical Examinations

Medical examinations of employees carried out by medical officers of the department during 1963 numbered 3,026. These examinations consisted of three classes:—

1. For entry into Corporation service for officers;
2. For entry into Superannuation Fund for manual workers; and
3. To investigate extended sickness.

The new methods of examination including electro-cardiogram and spirometer investigations have continued very satisfactorily throughout the year, and it is interesting in this respect to note that they brought to light two cases of unsuspected cardiac ischaemia and three cases of cardiac arythmias with defects of conduction. In all of these cases, the patients were able to benefit from the findings and had they not been detected earlier, unnecessary aggravation of the conditions might well have occurred.

Environmental Health Control. Staff shortages

The shortage of public health inspectors became more acute during the year as a result of thirteen qualified inspectors resigning to take up other posts whilst five student inspectors qualified. In addition, five public health inspectors obtained the Meat and Other Foods Certificate of the Royal Society of Health. The reason for the drop in the number of trained public health inspectors during the year is the change in the regulations introducing the four-year training course. It is hoped that next year a higher percentage of inspectors will become qualified. It still, however, emphasises the acute problems which the Department faces due to lack of recruitment of a sufficient number of staff.

Work in default

There has been an increase in the amount of work undertaken in default during the year and in 1963, 397 houses were repaired under this way. In every instance the expenditure incurred was recovered from the rents, making the cost of the work a rent charge upon the property.

During the year, there was an increased number of drain testings carried out on drainage systems with 1,622 systems tested. Notices were issued in respect of 705 systems found to be defective.

Common Lodging Houses

The supervisory work over the thirteen registered common lodging houses in the City providing altogether accommodation for 930 males and 94 females was continued during the year. It has been found that continued supervision is necessary to ensure that the premises are maintained at a reasonable standard of cleanliness. During the year, a total of 9,174 beds

were examined in these inspections and 841 beds and articles were found to be verminous; 815 of these were cleansed by the local authority and 26 articles were destroyed under the supervision of the public health inspectors.

Supervision continued over the nine seamen's lodging houses in the City. These houses provide satisfactory accommodation for British seamen and those of many other nationalities including Chinese, Arabs, Somali and Indian. The total accommodation available is 807 beds and altogether during the year public health inspectors made 88 day and night inspections. Infringements of the bye-laws were reported on ten occasions and the necessary action taken to comply with the requirements of the legislation. A total of 8,030 beds were examined during visits to premises by inspectors and all were found to be satisfactory.

Administration of the Shops Act and similar Acts

The Offices, Shops and Railway Premises Act of 1963 received the Royal assent on the 31st July, 1963 and this Act when fully implemented will involve a considerable increase in the work of the public health inspectors. Already with its more comprehensive welfare provisions than those contained in the present Shops Act, this Act has necessitated the deferring of enforcement of many existing sanitary requirements. The action taken has been in connection with maintaining the existing facilities for employees, requirements for meal intervals, assistants half-holidays, compensatory leave in lieu of Sunday employment, and the supervision of the hours of the employment of young persons under the age of 18. This work has been done during routine inspections and special enquiries and the infringements reported have only been of a technical nature and were dealt with informally.

Inspections of retail shops of all classes, cafes, clubs, hairdressers, warehouses, pet shops and places of entertainment have continued during the year and altogether 48,285 visits have been made. Evening and Sunday visits in 6,459 instances were made to check up on conditions outside ordinary working hours.

Factory Inspection

During the year, close continued co-ordination was maintained with H.M. Inspectors of Factories in respect of the duties allocated to the City Council on factories.

In factories where food is processed or manufactured, the duties of the public health inspector have included action in respect of conditions which may be prejudicial to the health of the staff, and he has also been respon-

sible for seeing the appropriate requirements and regulations relating to the production of clean and safe food have been observed by all the people handling food. This duty also has covered the canteens of factories where food may be supplied or sold for consumption on the premises. Reference has already been made to the new Shops, Offices and Railways Act, 1963, which is likely to come into operation in 1964. This introduces protective legislation for sedentary office workers which has been lacking in the past. In numerous earlier annual reports, the problems in offices have been discussed in great detail, and the department has long been aware of the unsatisfactory conditions that exist in many offices in the City.

Attempts have been made to improve matters unofficially and to promote that hygienic working environment which is an asset to health and welfare and is also an economic advantage to business. It is interesting to note that during the last few months with the publicity given to the new Bill, a number of enquiries have been received by the Department indicating considerable interest has been aroused with regard to the application of the Act amongst employees, commercial and business concerns and architects. It is clear that offices in new buildings will, in general, meet the requirements of the new Act easily but difficult problems will be found in old property and particularly in those premises which are multi-let and occupied by different types of businesses. It seems likely that the Health Department will be concerned with clarifying the situation in such premises.

In view of the imminence of the new Act, visits to offices and workplaces during the year have been confined to the investigation of complaints of various kinds including the abatement of nuisances and in connection with queries relating to possible environmental and constructional standards under the new Act. Altogether 1,467 visits of this type have been carried out.

The inspection of rag flock and other materials used for filling in industry has continued during the year and it is satisfactory to report that, of the 22 samples sent for analysis, all were found to be satisfactory.

Industrial nuisances

A certain number of complaints were received during the year from the public in relation to objectionable smells in various parts of the City. Investigations, which often are difficult and lengthy to carry out, took place and, in a number of cases, it was possible to trace the offending concern. Examples during the year of nuisances which were relatively

easily found and immediately put right include the burning of rubber waste in a garage, diesel fumes from a factory and the smell of paint solvent escaping into nearby houses.

The offensive trades are particularly liable to lead to this problem and 1,138 visits were paid, during the year, to offensive trades when 170 nuisances were discovered and abated.

Noise

Reference has been made in earlier annual reports to the problem of noise and it is satisfactory to report that during 1963 the number of complaints received from the public were less than in previous years. Examples of noise nuisances which were dealt with during the year include the handling of milk bottles in the early morning, chimes of ice-cream vendors, barking dogs, and loud dance band music at night.

In relation to noise, the majority of complaints are concerned with industrial premises and it is fortunate that the majority of industrial concerns are invariably co-operative, anxious to avoid giving offence and have generally gladly accepted the advice of the inspector and taken immediate steps to minimise or eliminate the troublesome noise.

Dust nusiances

During the summer, relatively few complaints of dust nuisances were received and this probably is due to the absence of any long dry spells of weather. There were, however, problems of granite dust in a public house and a dust nuisance produced by the demolition of a building. This proved to be very difficult and, in the end, no practical solution was found and the nuisance persisted until the job of demolition was completed.

Two unusual cases of nuisances from spent or ejected steam were dealt with during the year. One was from a laundry which remedied by collecting the steam by a canopy inducting it to a flue, and the second was due to a fractured steam pipe which was repaired after the factory had closed down for two days.

Licensed premises

The standard of hygiene in licensed premises has continued to be inspected from time to time by the staff and it is satisfactory to report that in general the standards of washing drinking utensils in such premises has improved. This has been due, not only to the constant visits by public health inspectors, but also to efforts by brewery companies who have found that in general customers are becoming more and more fastidious, and most licensees are anxious to do all they can to raise the standards of their premises.

A considerable number of visits were paid to various clubs in the year and altogether 259 were reinspected when applications came before the Justices for renewal of registration certificates. In 69 cases specifications were issued necessitating work to be carried out to an estimated cost of £5,000. Following these visits the certificates of registration of 248 clubs were granted, seven were subsequently refused by the Magistrate and the remaining had not completed the required work during the year.

Atmospheric Pollution

During 1963 three more smoke control areas have been confirmed by the Minister of Housing and Local Government following public enquiries held to determine the necessity or otherwise of the Council scheme for smoke control throughout the City. These orders are for areas 14, 15 and 16 and cover a section of the City from Hunts Cross to Childwall. These new areas bring a further 15,000 houses under control and this means that when they are in operation just over a quarter of the houses in the City will be within smoke control areas.

The very large smoke control area No. 10 came into operation on the 31st October, 1963. Applications for grants in this area proved so overwhelming in the final stages that a short delay was experienced in certain areas in the administrative procedure of making the payment of grant. Alterations to firegrates maintained a steady progress throughout the estates owned by the local authority in smoke control area No. 10. The ready co-operation which has existed between the public health inspectors, contractors and tenants in this area has enabled over 9,000 houses to be altered to modern requirements without any difficulties.

Clarence Dock Power Station

Last year it was reported that No. 1 boiler house of Clarence Dock Power Station was converted from coal burning to oil fired equipment. This year it is most satisfactory to report that further modernisation has been undertaken so that all the coal burning equipment has been removed from the remaining two stations and modern oil firing installations completed. It is, naturally, too early to be be certain what the effect of this change over will be on the degree of atmospheric pollution in the industrial area in which it is situated, but it is certain that solid matter in the form of grit and dust will be very considerably reduced.

Towards the end of 1963, considerable difficulties were being experienced not only in the City, but throughout the country, in the delivery of soft coke supplies. Because of this, the Ministry of Housing and Local Govern-

ment intimated that they would be issuing new directives regarding the types of equipment which will be available for grant. These are now partly to hand and show that the range of equipment which will, in future, rank for grant, has been greatly widened and extended to include all forms of electric apparatus including non-fixed fires, closed stoves and in some instances, grants towards the installation of central heating. This change is likely to mean that the average cost of installation will increase from the figure which it has been in the past few years, between £15 and £20 per house per grate, to a figure somewhere between £40 and £60.

Housing and Slum Clearance

During 1963 there was a considerable intensification of the slum clearance programme. This has led to a larger number of dwellinghouses, 2,405 being represented during the year as unfit, which is the highest in the post-war years. In addition, a very acute problem during the year was the condition of the older Victorian houses, many of which are now in multiple occupation with very poor living conditions and standards. To give some idea of the extreme degree of overcrowding in such properties, 240 such dwellings, occupied by over 1,000 families, were represented as unfit for human habitation. Some of these were dealt with under the individual unfit houses procedure and were the subject of appeals in the County Court against the Committee's decision to make closing orders. The appeals which were successfully contested involved five houses occupied by 114 persons. The present legislation makes it very difficult to prevent very poor conditions arising in many of these houses let in multiple occupation and the new housing Bill before Parliament is expected to provide additional powers to help deal with this unsatisfactory type of letting.

Full details of the various slum clearance work undertaken by the Department during the year are given in the text and make interesting reading. It includes, of course, houses represented in clearance areas, compulsory purchase orders and individual closing or unfit orders made in respect of individual property. The Demolition and Closing Orders (Special) Sub-Committee of the Housing Committee again dealt with a large number of individual unfit houses under the provisions of part two of the Housing Act, 1957.

Altogether 177 dwellings occupied by 294 families were represented to the Sub-Committee as unfit for human habitation. At the same time during the year, the same Sub-Committee considered the condition of 189 houses. Of these, the Committee resolved that demolition orders should be made in

respect of 22 houses and closing orders on 158. Of the remaining nine, five were deferred pending reports on offers of work to be submitted by the owner, and undertakings not to re-let were accepted on the remainder.

Following upon the rehousing of occupants from premises which previously had been subject to closing orders, 184 houses were demolished and 138 closed.

Rodent Control

It is satisfactory to report that the decline in the severity of rat infestations which has been obvious over the past years has continued during 1963. Although many rat and mouse infestations were found, either by notification of owners of property, or detected by routine survey, they were all of a slight degree with the exception of two major infestations.

168 rats were examined at the public health laboratory and all were found to be free from plague and free from carrying *Leptospira icterohaemorrhagiae,* the causal organism of Weil's disease.

The problem of defective drains causing rat infestations continues throughout the City. One particular problem which has come to light in the year was the defective disused drain in slum clearance areas which had not been disconnected from the sewer although cut off and sealed below the surface. These caused rat infestations of new houses built on the sites. In several instances, rats had escaped from these defective drains and entered the roof spaces of new houses by way of the cavity walls and although not actually breaking out into the rooms of the houses, complaints were received from the occupants that much nuisance had been caused and disturbance by the movement of the rats in the roof space at night. It is hoped that steps will be taken in future to trace the drain connections properly and seal off the sewers. It is also essential for drains undergoing constructional repair to be temporarily capped when work is left incomplete especially overnight as a preventive measure against the egress of rats in and out of the sewers.

Supervision of Food Supply

Close supervision of the City's food supplies has been maintained throughout the past twelve months. Public Health Inspectors with additional qualifications as Meat and Food Inspectors have made daily visits to the wholesale fish market, Queen Square, St. John's Retail Market and the wholesale fruit and vegetable market at Cazneau Street, as well as to various food warehouses throughout the year.

During the year 2,011 special food complaints were made by representa-

tives of the wholesale and retail trade, and dealt with satisfactorily in addition to the routine calls of inspection at various City markets.

There has been a slight reduction in the amount of poultry and fish rejected throughout the year as being unfit for human consumption.

There was a marked increase in the rejection of vegetables in the early months of the year due to the exceptionally severe frost. Vegetables which had been stored in bulk including potatoes and carrots were particularly affected and became unmarketable and unfit for human consumption. Large consignments were released to pig farmers for animal feeding purposes. Other green vegetables were also heavily affected in transit to the various wholesalers during this very cold spell.

Daily visits have been made throughout the year to a variety of premises including shops, warehouses and food factories for the purpose of the inspection of canned goods and grocery sundries. The examination of canned goods and grocery sundries resulted in the rejection of 58 tons as being unfit for human consumption. This figure is a little less than the corresponding figure in 1962. Investigations into food complaints which originated from members of the public have been carried out throughout the year in regard to foreign bodies and the question of the nature, quality and substance of various foodstuffs. A total of 470 complaints were received and each complaint was thoroughly investigated and completed to the satisfaction of the complainant.

Meat Inspection

The year has been a difficult one in meat inspection. The very cold conditions in January and February made meat inspection extremely difficult for the detained carcases became frozen solid overnight and the cutting of forequarters, chest walls, hind legs of beef, mutton or pork the next day was a matter of great difficulty. At the same time, the handling of stock for slaughter, especially sheep, was not easy and it was noticed that the intake of casualty stock increased during the cold weather due to an increased incidence of broken limbs. In fact, the usual pattern of stock intake during the year altered considerably due to the exceptionally hard winter For instance, lambs did not come forward as early as usual and the season for lamb intake was two months late in starting.

On the 1st October, 1963, the Meat Inspection Regulations, 1963, came into operation. As it happened the time could hardly have been more inopportune because the intake of stock for slaughter was running at that

time at its peak, and to implement the requirements of the regulations meant additional time had to be spent on every carcase, with the stamping of each individual carcase at least twice and even four times on a body of beef. The meat inspection staff were under very great strain, had to work overtime daily and were unable to take time off in lieu of Sunday duty. By an all out effort, the requirements of the meat trade were met in full and 100 per cent inspection maintained.

The number of animals slaughtered in the City was again over the half-million mark although it fell a little compared with the year before. It numbered 515,580 compared to 524,372 in 1962. Every animal was inspected at the time of slaughter. There were only seven days in the year when slaughtering did not take place at Stanley Abattoir or at the private abattoir at Woolton.

It is satisfactory to report that there was a dramatic drop in the number of pig carcases condemned during the year, 438 such carcases were condemned compared with 1,052 in 1962. The main reason for this decrease was a new order in regard to swine fever promulgated by the Ministry of Agriculture, Fisheries and Food. Formerly it was the general practice for a breeder to send in for slaughter any pigs suspected of having swine fever or any known contact pigs to try and prevent further infection in his herd, and to obtain some salvage value on carcases found on post-mortem inspection to be sound. Under the new order, pigs suspect or contacts may not be sent to abattoirs or bacon factories for slaughter but are dealt with by the Ministry officials on the farm, compensation being paid for animals slaughtered and destroyed. The effect of this order has been to reduce the incidence of swine fever in pig herds and the spread of infective contacts through the auction markets, while the compensation paid to breeders has removed a serious and continuous threat to them.

The incidence of pyaemic abscesses which was mentioned in the last annual report has continued at more or less the same rate, there being a total of 65 pyaemic infections discovered during meat inspection at the abattoir in 1963 compared to 69 in 1962.

It is satisfactory to report that there was a decrease in the number of carcases totally rejected for widespread or generalised tuberculosis. In all, thirteen carcases consisting of three bullocks, two cows and eight pigs were condemned in this way compared with 30 carcases in 1962.

The meat inspection at the Woolton Bacon Factory has continued throughout the year and a total of 43,953 pigs were slaughtered, and all carcases and offal inspected at the time of slaughter on the premises.

Under the Meat Inspection Regulations, 1963, which came into operation on the 1st October, local authorities may charge for meat inspection at a rate which may not exceed 2s. 6d. per bovine animal, other than a calf, 9d. per calf or pig and 6d. per sheep, lamb or goat. The City Council decided after discussion with the meat traders to charge the full rate for this meat inspection and this levy started on 2nd December. A convenient method was adopted for payment to be made by traders to the City's Market Department and this avoided double billing and facilitated audit checking.

Inspections have been carried out daily at Stanley Market to ensure that the requirements of the Food Hygiene Regulations, 1955, are met in relation to vehicles carrying meat. In general, a good standard is observed and the long distance meat transports fitted with mechanical refrigeration are much the best in the country. On three occasions, however, it was necessary to warn offenders and supervise the unloading of meat where unsatisfactory arrangements were being used.

Adulteration of Food Supplies

The routine sampling of all food supplies has continued during the year to check that all articles of food, drink, and drugs meet a satisfactory standard as to nature, substance and quality. It is also checked that labels and advertisements are not false or misleading to the prejudice of the public. During the year 3,930 samples of food and drugs were tested in this way and 144 or 3·6 per cent were found to be not genuine or otherwise irregular. This is a decrease on the figure last year which was 4·3 per cent. Legal proceedings were taken in respect of beef, sausages and fishcakes, and fines totalling £10 and £8 costs were imposed.

Ice cream supplies

During the year 396 samples of ice-cream were submitted to chemical analysis and bacteriological examination. Of these, 334 samples were examined bacteriologically and 186 were found to be in grade 1, 64 in grade 2, 33 in grade 3 and 51 in grade 4. Grades 1 and 2 can be classed as satisfactory. Results, however, which consistently show these products in grades 3 and 4 are dealt with by a complete investigation of the processing plant to find the sources of contamination. Further investigations are always undertaken to ensure that the suggested remedy is effective.

Additional bacteriological examination of all types of foodstuff was

carried out during the year, the majority of these were foods which have to be eaten uncooked or without further preparation, and included meat pies, sausage rolls, sandwiches, cooked meats, cream-filled cakes, shell-fish and desiccated coconut. The results were generally satisfactory. The unsatisfactory findings included two samples of sausages found to contain salmonella organisms. These were manufactured outside the City area and, as a result of the sampling in this department, investigations were put into effect which prevented further contamination.

Supervision of Milk Supplies

The widespread supervision of milk supplies throughout the City has continued throughout the year and a total number of 2,282 milk samples were submitted to the public health laboratory for examination. These included 2,120 heat treated milks and 159 tuberculin tested raw milks. Of the heat treated milks, only four failed to satisfy the phosphatase test for efficiency of pasteurisation. On further examination, in each instance, it was found that the processing plant contained a fault and this was immediately rectified. Samples of heat treated milk to the number of 143 failed the methylene blue test for bacterial quality, and, of these failures, no fewer than 100 were procured from automatic vending machines. In each case representations were made to the processor concerned and advice given. Subsequently further checks were made.

The milk supply to hospitals, aged persons' hostels, schools and day nurseries was examined continuously throughout the year, and in these four groups, a total of 323 samples were taken and tested chemically and bacteriologically. All these samples proved satisfactory. Reference is made in the annual report to the testing of raw tuberculin tested milk. This was, of course, before the new regulations came into effect, when sale of this class of milk ceased. A total of 135 samples of raw milk were specially tested for brucella abortus infection and it is most satisfactory to report that all proved negative.

During the year, 1,011 visits were made to the various pasteurisation plants in the City for the purposes of sampling and special attention has been paid to temperature records, the functioning of the recording and indicating instruments and the holding times. At present, there are seven pasteurisation establishments in the City consisting of four high temperature short-time plants and three of the batch or holder type. In every instance, the units are coupled to mechanical washing plants, filling and capping machines and adequate cold room accommodation. The examination showed that all these processing plants continued to be well maintained and effective in operation during the year.

Food Hygiene

Work has continued during the year to consider the various Food Hygiene (General) Regulations, 1960, in regard to retail establishments. A total of 29,738 visits have been made to retail food shops, cafes, bake-houses, licensed premises, food factories and street traders, and 2,755 infringements were dealt with either by informal or formal action and by court proceedings. Arising out of this action, a total of 40 informations were laid and as a result of the prosecutions, fines totalling £259 were imposed.

Cafes, restaurants and snack bars have been visited consistently in connection with complaints and for routine inspections. The general standard of hygiene is satisfactory, but in one or two instances very bad conditions were found and it was necessary to take court action. Very often these problems are made worse by careless personal hygiene and the deterioration of previously satisfactory standards of equipment. These cases once again emphasise the need for regular and detailed inspection of all food premises because they show that, in the absence of continued supervision, slack and careless habits can quickly be established.

It is satisfactory to report that a further most successful training course was held for food handlers in the City during the year when a large number of food handlers were trained by attendance at a specially held course run in co-operation with the Royal Society of Health.

Street trading

This aspect of retail food trading has continued to be a source of many problems in the City. The difficulties of ensuring hygienic standards and the opposition of many shopkeepers make the task even more difficult. Inspections have, however, continued of mobile shops, barrows and other types of stall, and in many instances improvements have been effected.

It is, however, becoming increasingly obvious that until some form of registration of street traders is employed, many of the difficulties will continue. It will, however, be essential to include some new form of national legislation as control of registration through local authorities will not achieve satisfactory safeguards in the absence of further national legislation which will need to define widely the range of hygienic standards necessary to provide desirable standards of trading practices.

Cancer Education

In the report, for the first time, is a short section on Cancer Education, supplied by the Lay Administrator of the Merseyside Cancer Education Committee, which is a new Committee which has been formed by all local authorities of Merseyside to further the importance of Cancer Education.

During 1963 the Committee started to function and much of the work which was undertaken in this year was, of course, exploratory. However,

much valuable ground work was undertaken and it it hoped that this most important part of health education will gain in popularity in the City.

Disinfection and Disinfestation

These services have continued on a satisfactory level throughout the year. During the year arrangements were made for the treatment of dwelling-houses to be carried out free of charge. The arrangements remain unchanged for the treatment of industrial premises and hospitals, and factory canteens which are carried out at a charge by the department.

There has been a marked increase in the work of this section during the year. The number of visits in respect of meals on wheels has risen to 82,219 compared with 63,767 in 1962. There has also been an increase in the number of visits made for home nursing equipment and this has increased to 9,600 compared with 8,056 in the previous year. This increase has also been mirrored in the incontinent laundry service and a total of 18,600 visits were paid during the year compared with 16,900 in the previous year.

Handicapped Persons Transport

One of the major changes in the year in this section has been the setting up of a special handicapped persons transport section which by the end of the year was running at full strength.

Like its predecessors, this Annual Report is a record of the work of every member of the Health Department. I wish to record my appreciation to all the staff for their continued hard work and loyalty during the year. I also wish to acknowledge the help given by the Chief Officers and members of other Corporation departments.

Finally, I wish to record my sincere appreciation to the Chairmen of the Health Committee during 1963, Councillor A. McKie Reid and Councillor W. McKeown and their deputy chairmen. I am also pleased to thank members of the Health Committee, particularly the Chairmen of the Sub-Committees, for the kindness and courtesy with which they have considered the reports and recommendations made to them during the year.

I am,

Your obedient servant,

Andrew B. Semple

Medical Officer of Health.

CITY of LIVERPOOL

MUNICIPAL WARDS

1963

SHOWING

BIRTH RATE per 1000 population

DEATH RATE per 1000 population

INFANT DEATH RATE per 1,000 live births

NUMBER OF PERSONS PER ACRE



CITY OF LIVERPOOL

POPULATION

739,740

BIRTH RATE	21·3	per 1000 population
DEATH RATE	12·0	per 1000 population
INFANT DEATH RATE	26·1	per 1,000 live births
NUMBER OF PERSONS PER ACRE	26.6	

CITY OF LIVERPOOL

SUMMARY

OF

VITAL STATISTICS FOR 1963

Area (land and inland water)	27,810 Acres
Population (Estimated by Registrar-General)	739,740
Deaths (all causes)	8,908
Death rate per 1,000 population	12·0
Live Births	15,775
Live Birth rate per 1,000 population	21·3
Percentage of illegitimate live births	6·9
Stillbirths	351
Stillbirth rate per 1,000 total (live and still) births	21·8
Total Births	16,126
Infant Deaths (under one year)	412
Infant Mortality rate per 1,000 live births	26·12
„ „ „ „ 1,000 legitimate births	25·95
„ „ „ „ 1,000 illegitimate births	28·30
Neo-natal Mortality rate (First four weeks) per 1,000 related live births	16·42
Early Neo-natal Mortality rate (First week) per 1,000 related live births	13·76
Perinatal Mortality rate (stillbirths+deaths during first week) per 1,000 total live and stillbirths	35·22
Maternal Deaths	4
Maternal Mortality rate per 1,000 total births	0·248
Deaths from:—Pulmonary Tuberculosis	54
Death rate	0·073
Non-pulmonary Tuberculosis	4
Death rate	0·005
Respiratory Diseases	1,641
Death rate	2·2
Cancer (all forms)	1,573
Death rate	2·1

VITAL STATISTICS

Statistical Appendix

The majority of the lengthy statistical tables are included in a special appendix at the back of this report. A list of these tables is given on pages v-vi of the preface.

Births.

Birth Rate

During the year, 15,775 live births were registered within the City which represents a birth rate of 21·3 per 1,000 of the estimated mid-year population. 8,055 of these births were male and 7,720 were female. 6·9 per cent of the total live births (1,095 births) were illegitimate live births. These figures show a decrease in the birth rate for the year compared with 1962. There has been a slight increase in the percentage of illegitimate births. The birth rate within the City continued to be considerably higher than the average for England and Wales, which, for the year, was 18·2 per 1,000. The variation in births and stillbirths from 1944 to 1963 inclusive is given in the diagram on the page facing.

Stillbirths.

Stillbirth Rate

There were 351 stillbirths registered in the City during the year, representing a stillbirth rate of 21·8 per 1,000. This is higher than the figure for 1962. The stillbirth rate among legitimate babies was 21·4 and among illegitimate babies was 26·7 per 1,000.

Mortality.

General Death Rate

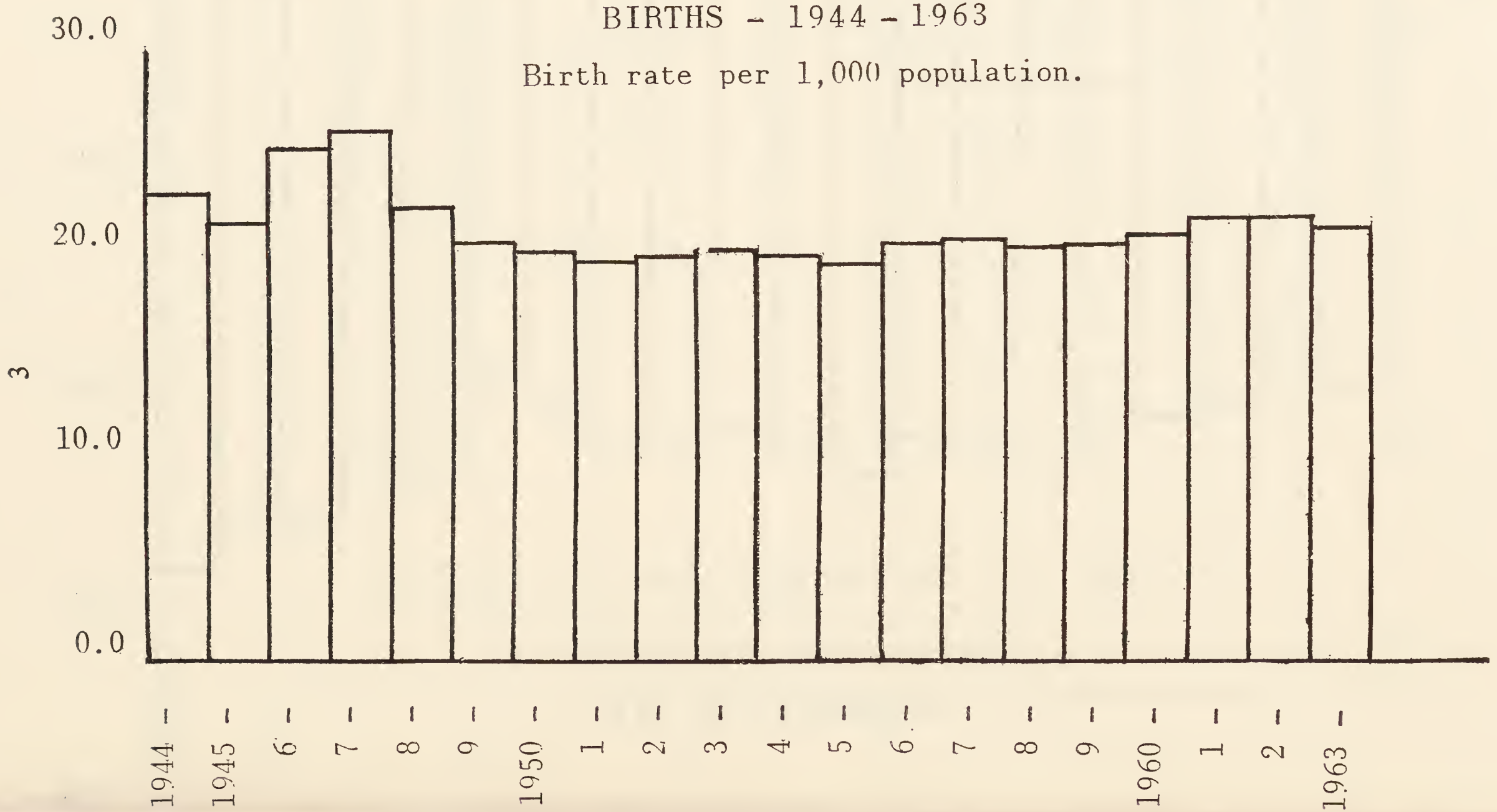
There were 8,908 deaths registered within the City during the year, 4,644 males and 4,264 females. This gives a general death rate of 12·0 per 1,000 as compared with a death rate of 12·3 for the preceding year. The number of deaths from cancer of the lung was 483. Deaths from tuberculosis during the year were 58 as compared with 81 in the previous year.

The trends of mortality of all causes and certain specified diseases have been prepared and are produced on the accompanying diagrams. The full details of the causes of mortality are given in the statistical appendix.

CITY OF LIVERPOOL

BIRTHS - 1944 - 1963

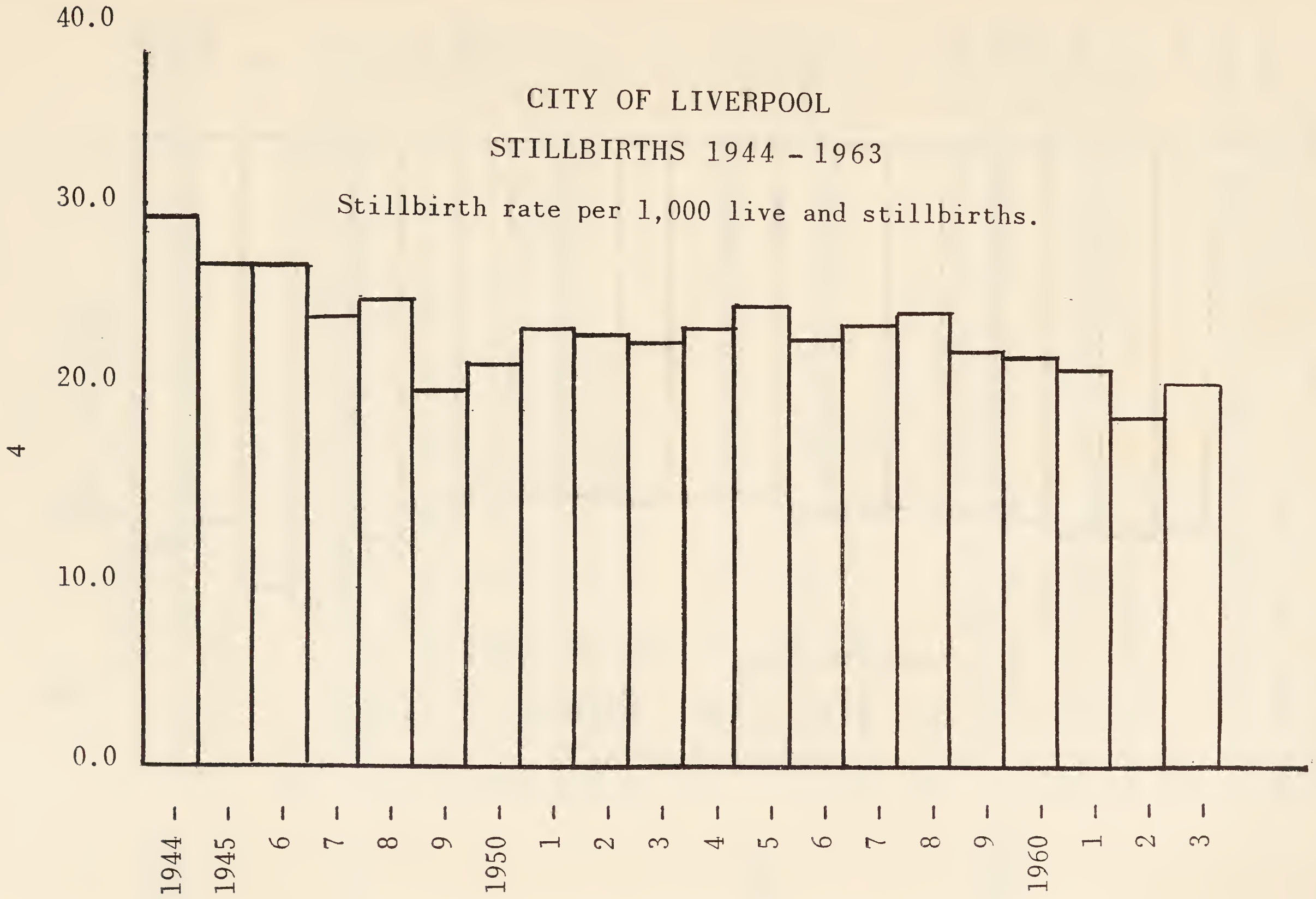
Birth rate per 1,000 population.

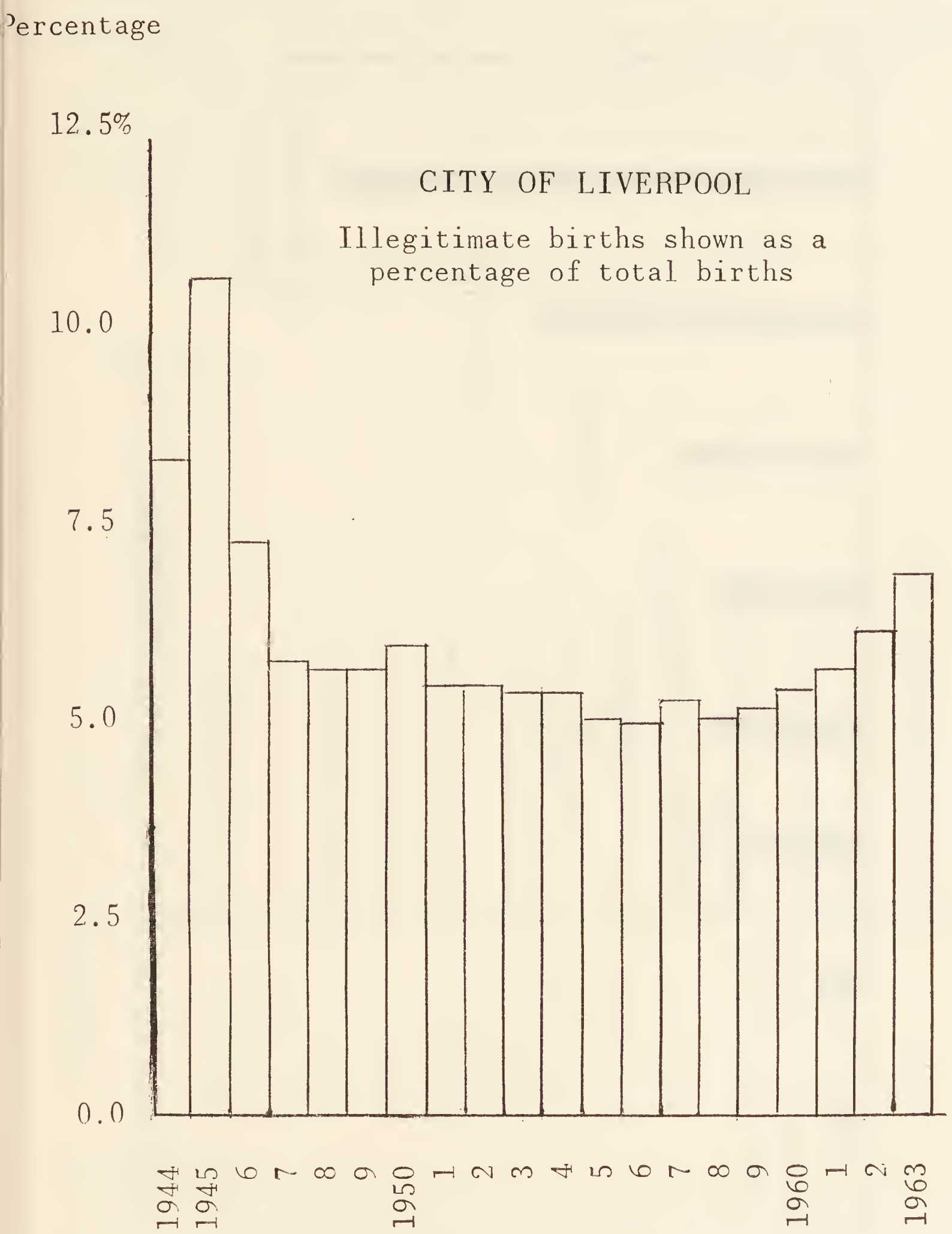


CITY OF LIVERPOOL

STILLBIRTHS 1944 - 1963

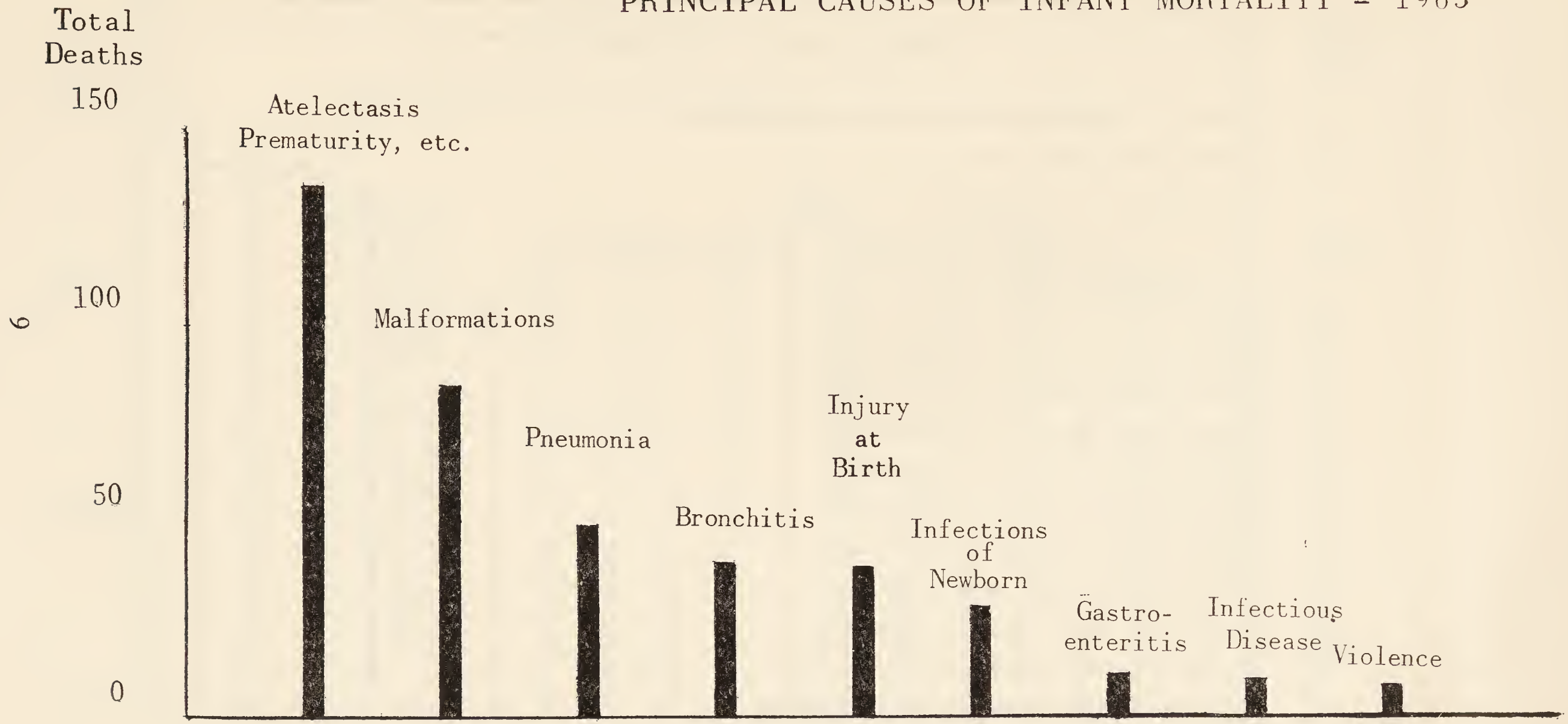
Stillbirth rate per 1,000 live and stillbirths.




Percentage
12.5%
10.0
7.5
5.0
2.5
0.0
CITY OF LIVERPOOL
Illegitimate births shown as a percentage of total births
1944
1945
6
7
8
9
1950
1
2
3
4
5
6
7
8
9
1960
1
2
1963

CITY OF LIVERPOOL

PRINCIPAL CAUSES OF INFANT MORTALITY - 1963



Infant Mortality.

Infant Mortality Rate

The infant mortality rate fell substantially during the year to 26·1 per 1,000 live births. A total number of 412 infant deaths occurred, of which 31 were illegitimate children. This represents an illegitimate infant mortality rate of 28·3 compared with a legitimate mortality rate of 25·9. The principal causes of infant mortality are represented in a graph facing this page, and complete causes are given in the statistical tables in the appendix at the back of this report.

CHART SHOWING INFANT MORTALITY RATE FOR A NUMBER OF THE LARGER AUTHORITIES FOR THE YEAR 1963



Perinatal Mortality.

This rate, which is the number of stillbirths and the number of deaths in infants under one week per 1,000 births is being increasingly used in statistics and it represents more fairly the hazards of childbirth. During 1963 the rate was 35·22 compared with 35·45 in 1962. This is a slight reduction on the 1962 figure.

Child Mortality Rate

Child Mortality.

The various causes of child mortality, both in total and for specific diseases, are given in the table illustrated below. It will be seen that deaths from 1 year to 5 years of age fell from 61 to 48 in 1963.

YEARLY AVERAGE NUMBER OF DEATHS IN SUCCESSIVE QUINQUENNIA, 1920-1959, AND TOTAL DEATHS IN THE YEARS 1960, 1961 1962 AND 1963

Year	Deaths under 1 year of age	DEATHS, 1 YEAR AND UNDER 5 YEARS OF AGE							
		Total, 1 year and under 5 years of age	General Diseases (including T.B.).	Respiratory Diseases	Digestive Diseases	Measles	Whooping Cough	Diphtheria	Scarlet Fever
						Included in General Diseases			
1920-24	2,278	1,349	557	513	121	202	109	62	28
1925-29	1,879	1,252	564	461	121	227	118	61	23
1930-34	1,601	890	456	278	63	200	72	79	9
1935-39	1,283	487	243	147	30	79	46	58	3
1940-44	1,140	366	160	94	17	27	23	45	1
1945-49	1,100	168	67	36	13	8	15	9	—
1950-54	553	100	26	22	5	2	4	—	—
1955-59	432	57	7	12	5	1	—	—	—
1960	451	54	4	14	5	—	2	—	—
1961	467	51	4	10	4	1	—	—	—
1962	461	61	2	10	2	2	—	—	—
1963	412	48	3	9	2	1	2	—	—

Deaths from Cancer

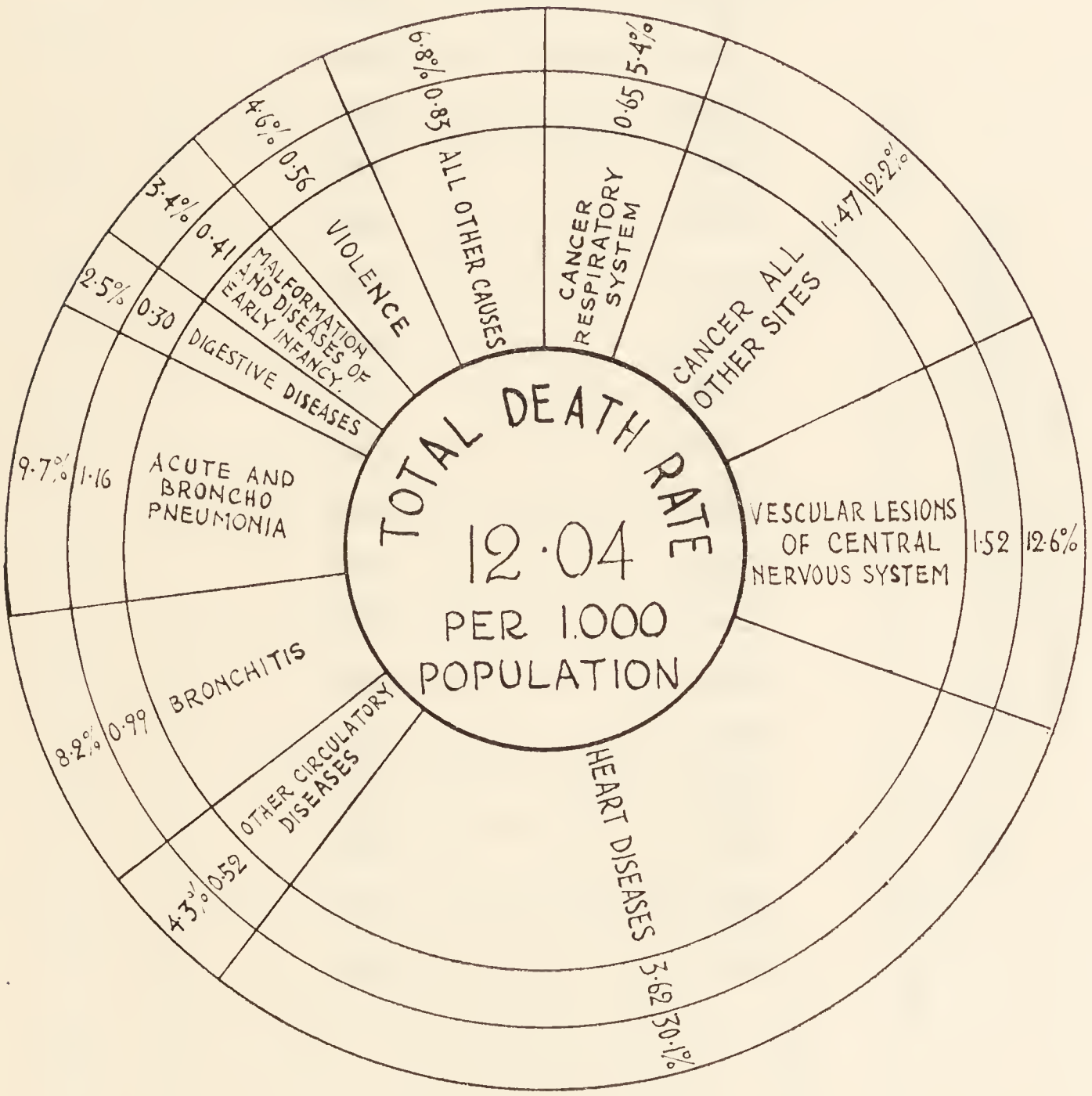
There has been an appreciable fall in the total number of deaths from cancer during the year, 1,573 in 1963 as compared with 1,719 in 1962, although the number of deaths from cancer of the respiratory tract remained almost the same as in 1962.

DEATHS FROM PRINCIPAL CAUSES

Rate per 1,000 population

and

Percentage of Total Deaths



TRENDS OF MORTALITY 1944–1963

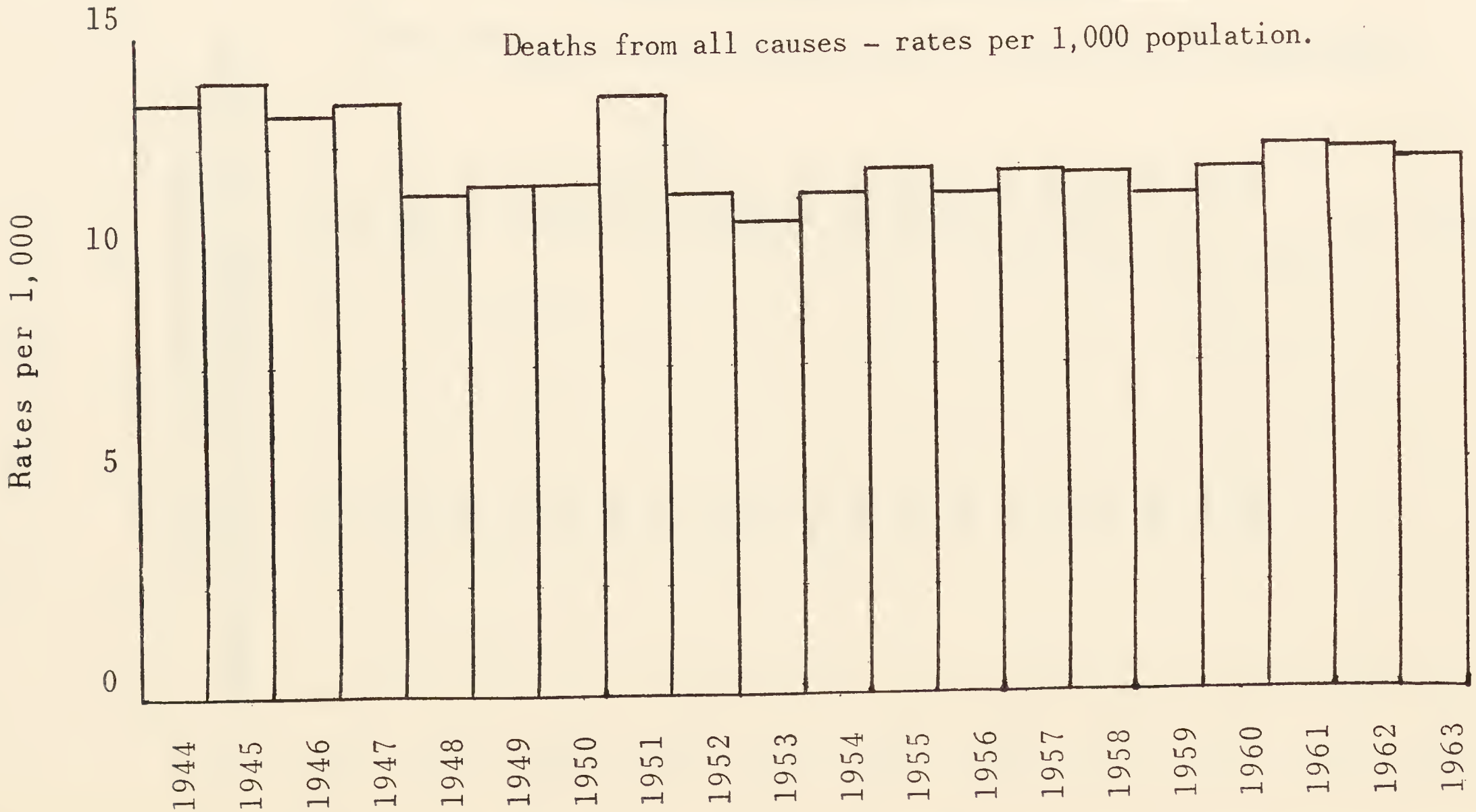
DEATHS FROM ALL CAUSES

1944	...	...	...	9,010
1945	...	...	...	9,523
1946	...	...	...	9,671
1947	...	...	...	10,122
1948	...	...	...	9,027
1949	...	...	...	9,334
1950	...	...	...	9,300
1951	...	...	...	10,648
1952	...	...	...	8,994
1953	...	...	...	8,422
1954	...	...	...	8,946
1955	...	...	...	9,289
1956	...	...	...	8,842
1957	...	...	...	9,093
1958	...	...	...	8,930
1959	...	...	...	8,587
1960	...	...	...	8,891
1961	...	...	...	9,262
1962	...	...	...	9,162
1963	...	...	...	8,908

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from all causes - rates per 1,000 population.



TRENDS OF MORTALITY 1944–1963

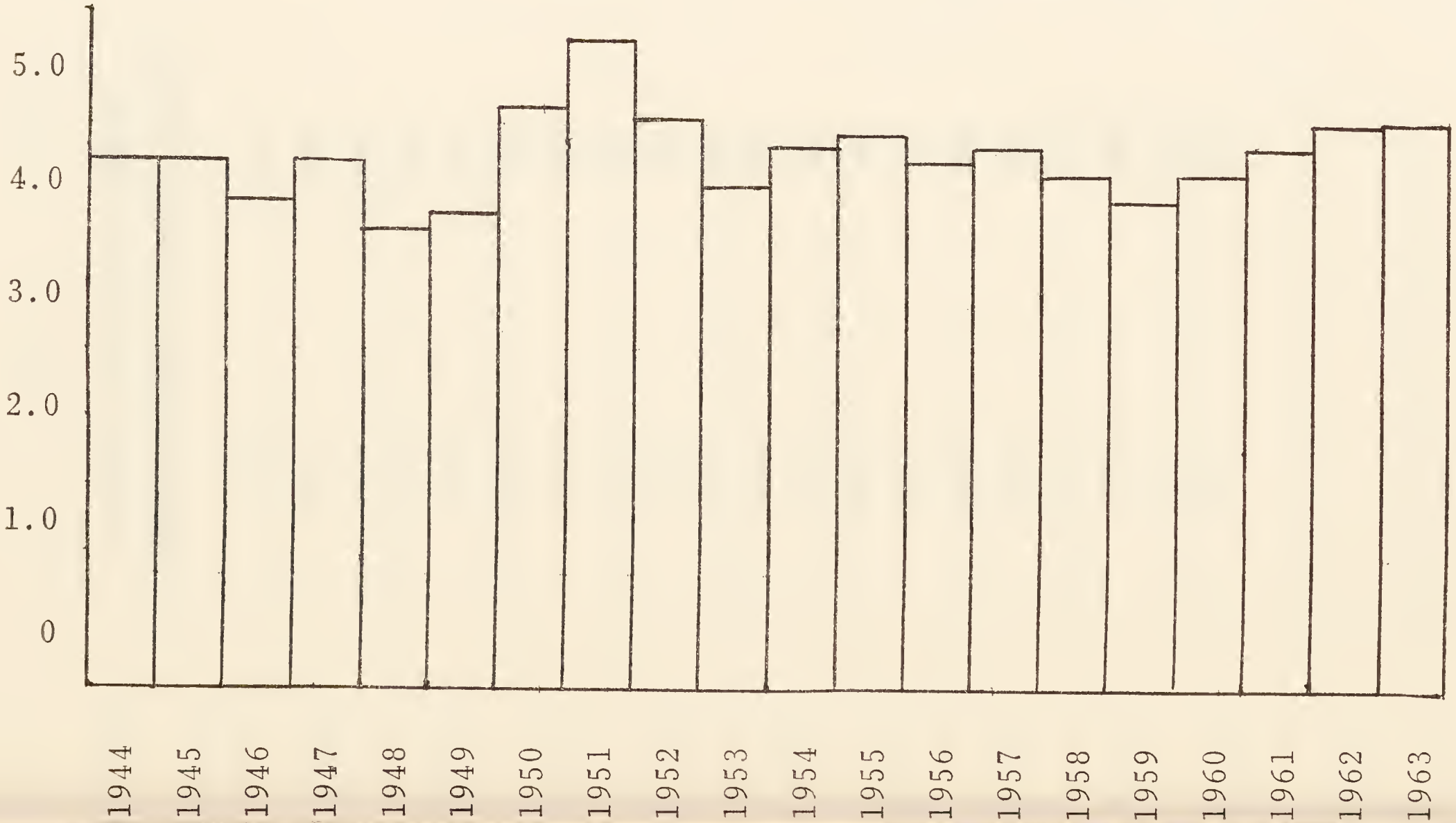
DEATHS FROM CIRCULATORY AND HEART DISEASE

1944	2,597
1945	2,671
1946	2,638
1947	2,911
1948	2,719
1949	2,831
1950	3,466
1951	3,796
1952	3,306
1953	2,927
1954	3,126
1955	3,169
1956	3,041
1957	3,047
1958	2,914
1959	2,695
1960	2,853
1961	2,987
1962	3,082
1963	3,066

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from circulatory & heart disease - rates per 1,000 population.



TRENDS OF MORTALITY 1944–1963

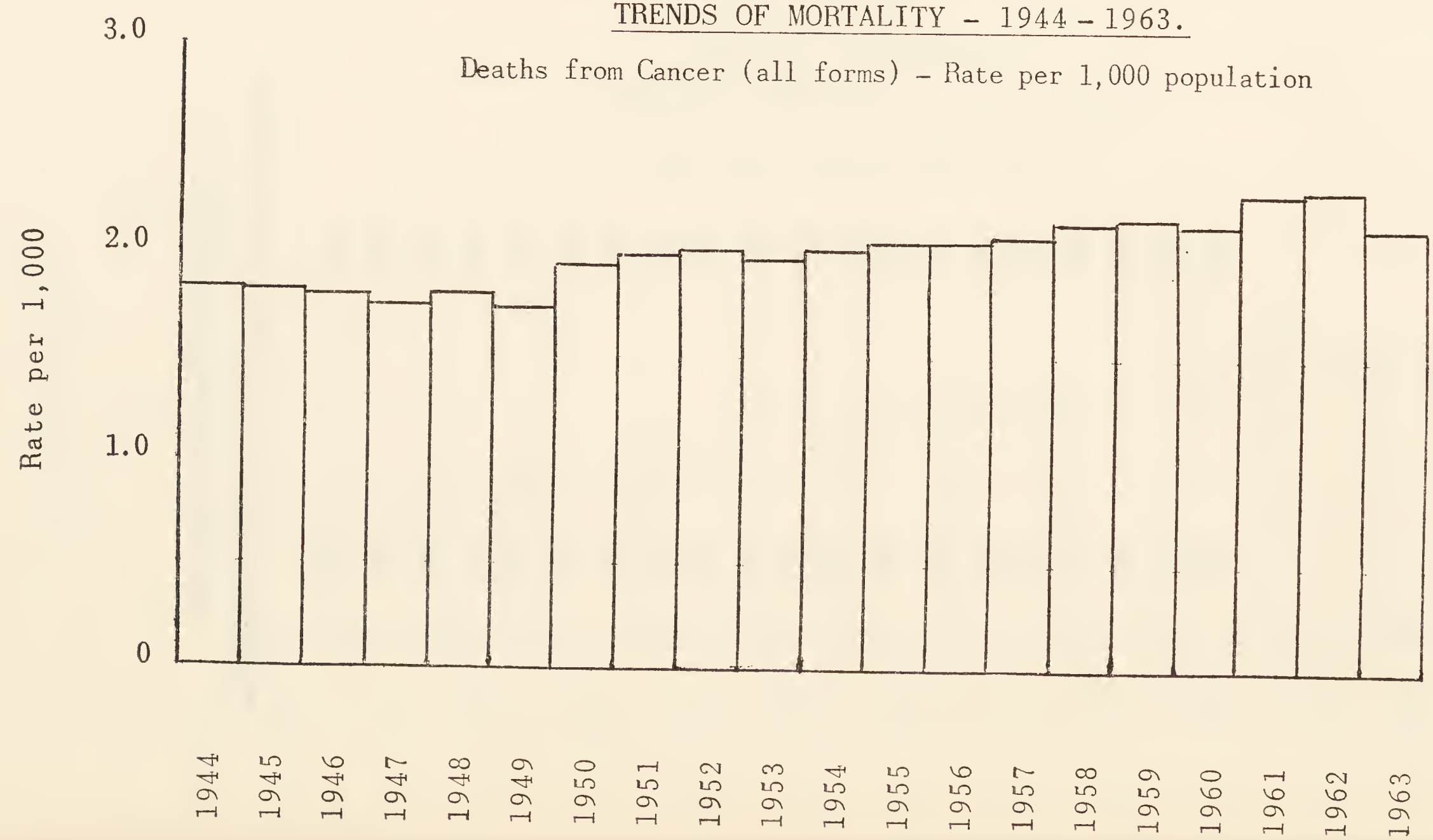
DEATHS FROM ALL FORMS OF CANCER

1944	1,215
1945	1,230
1946	1,312
1947	1,314
1948	1,429
1949	1,382
1950	1,556
1951	1,559
1952	1,591
1953	1,553
1954	1,582
1955	1,601
1956	1,590
1957	1,603
1958	1,643
1959	1,647
1960	1,617
1961	1,708
1962	1,719
1963	1,573

CITY OF LIVERPOOL

TRENDS OF MORTALITY - 1944 - 1963.

Deaths from Cancer (all forms) - Rate per 1,000 population



TRENDS OF MORTALITY 1944–1963

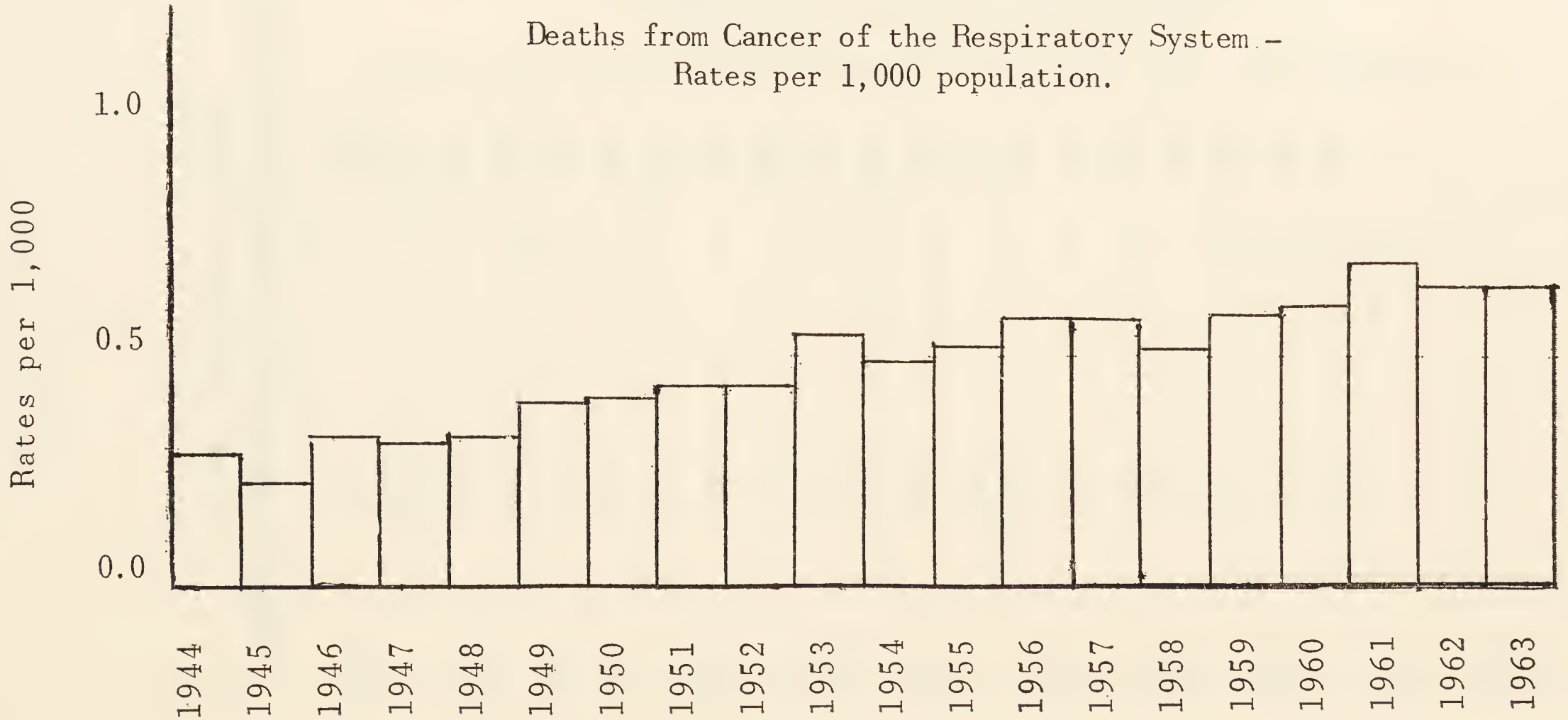
DEATHS FROM CANCER OF THE RESPIRATORY SYSTEM

1944	188
1945	160
1946	234
1947	235
1948	252
1949	320
1950	331
1951	334
1952	346
1953	432
1954	383
1955	408
1956	448
1957	448
1958	399
1959	444
1960	457
1961	525
1962	484
1963	483

CITY OF LIVERPOOL

TRENDS OF MORTALITY - 1944 - 1963.

Deaths from Cancer of the Respiratory System.-
Rates per 1,000 population.



TRENDS OF MORTALITY 1944–1963

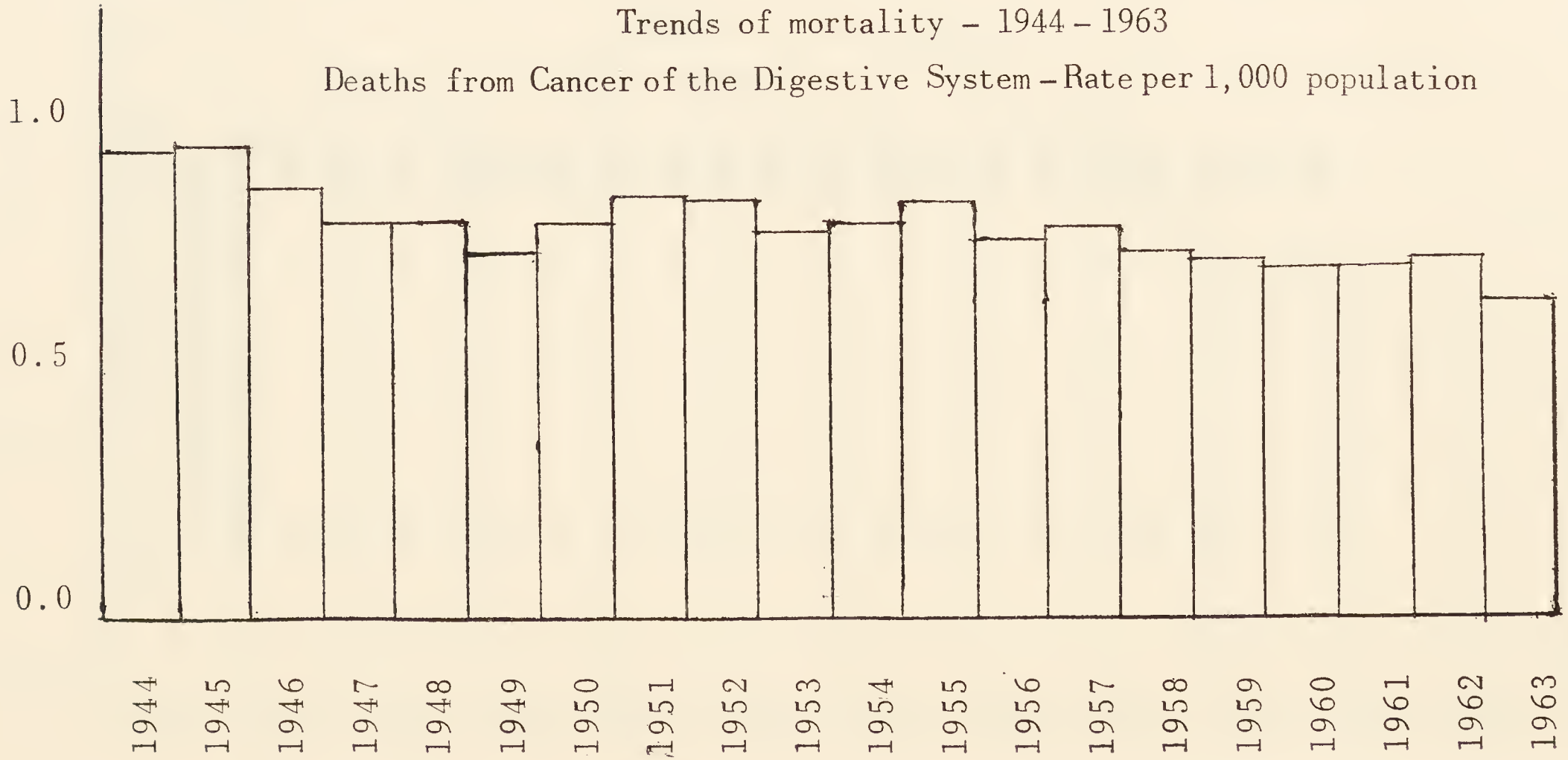
DEATHS FROM CANCER OF THE DIGESTIVE SYSTEM

1944	637
1945	659
1946	650
1947	610
1948	642
1949	603
1950	651
1951	687
1952	677
1953	620
1954	636
1955	662
1956	594
1957	617
1958	570
1959	557
1960	534
1961	527
1962	555
1963	484

CITY OF LIVERPOOL

Trends of mortality - 1944 - 1963

Deaths from Cancer of the Digestive System - Rate per 1,000 population



TRENDS OF MORTALITY 1944–1963

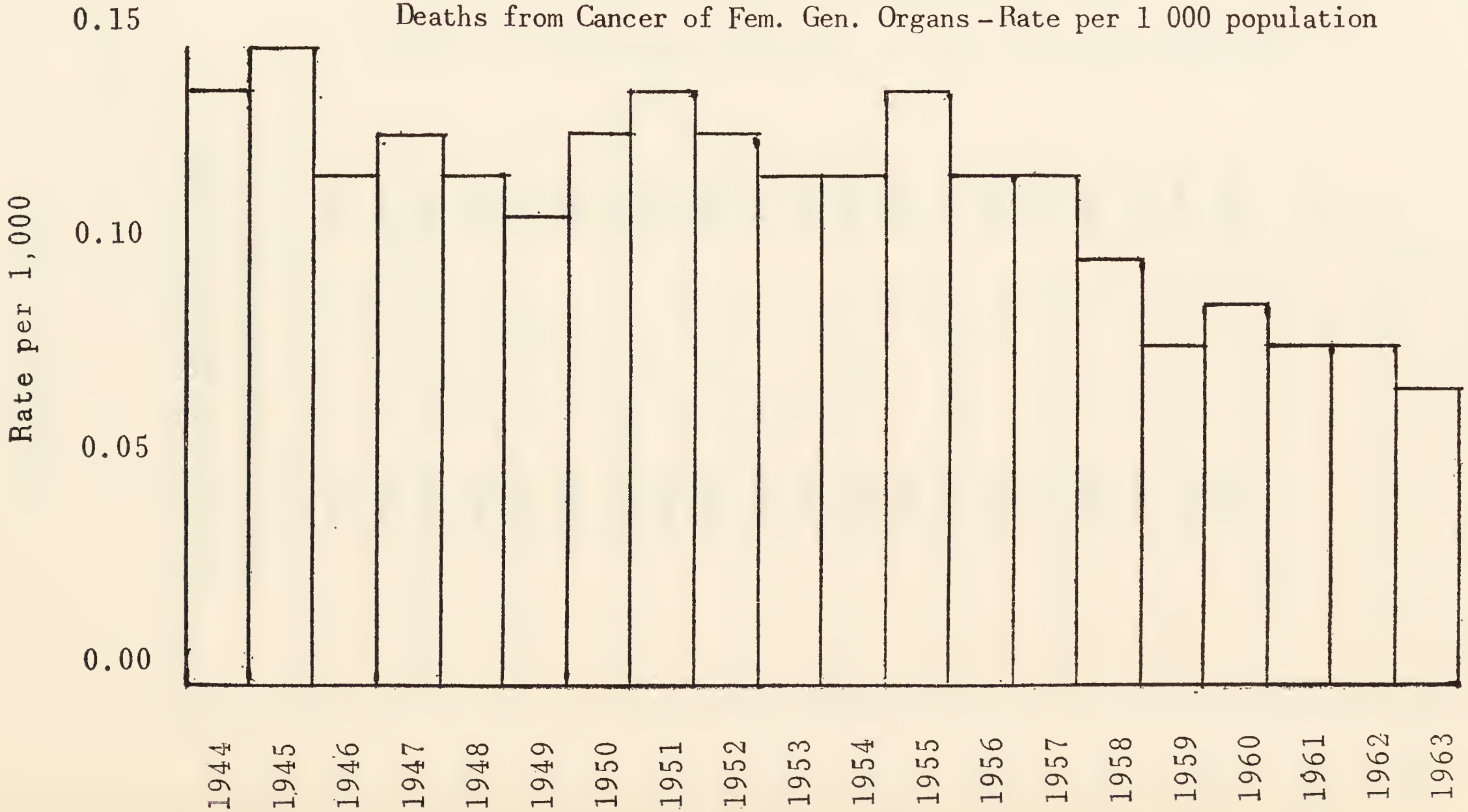
DEATHS FROM CANCER OF THE FEMALE GENITAL ORGANS

1944	96
1945	102
1946	86
1947	97
1948	97
1949	91
1950	105
1951	110
1952	102
1953	98
1954	93
1955	110
1956	96
1957	94
1958	78
1959	58
1960	66
1961	62
1962	61
1963	52

CITY OF LIVERPOOL

Trends of mortality - 1944 - 1963

Deaths from Cancer of Fem. Gen. Organs - Rate per 1 000 population



TRENDS OF MORTALITY 1944—1963

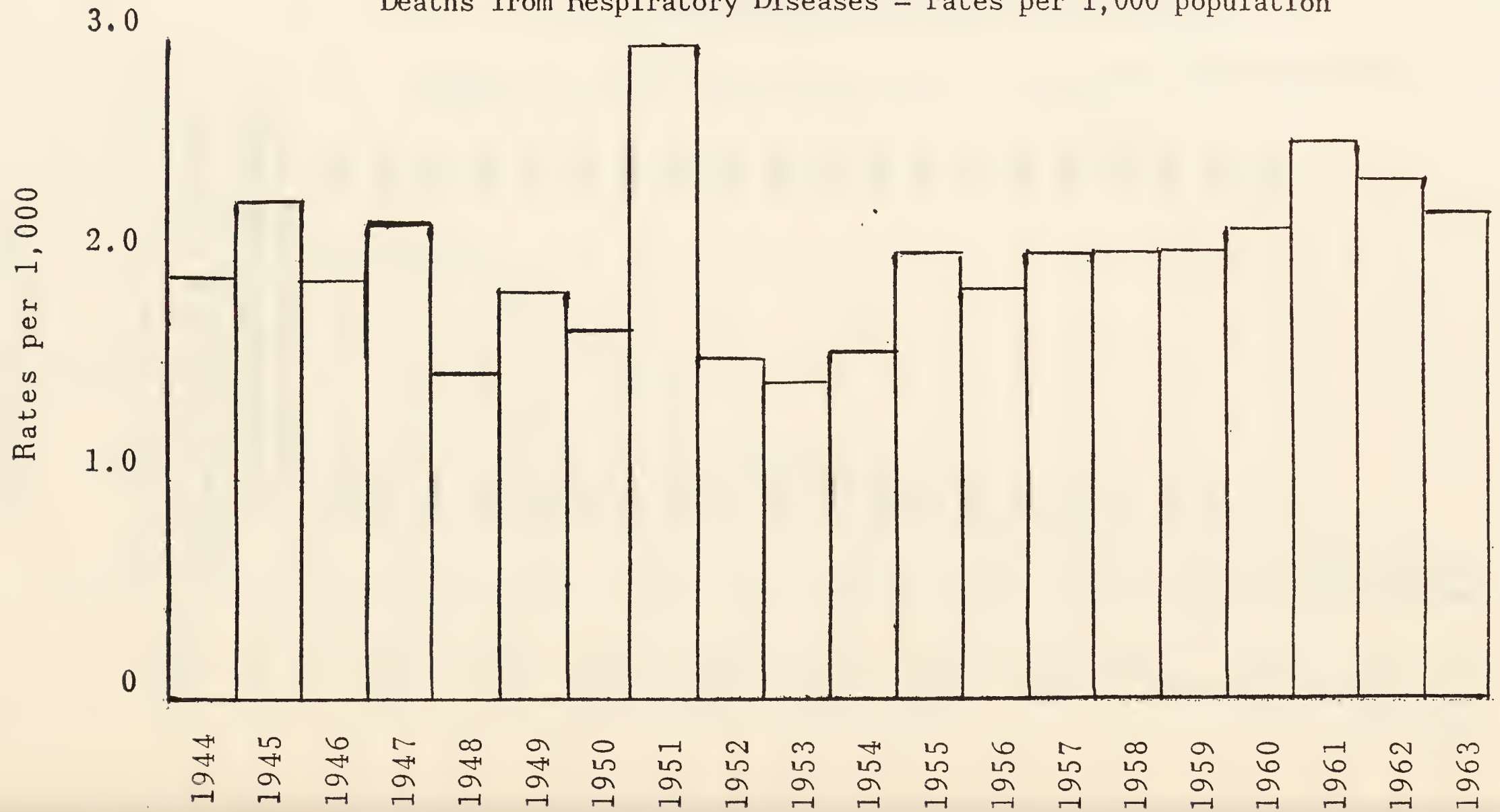
DEATHS FROM RESPIRATORY DISEASE

1944	...	...	...	1,283
1945	...	...	...	1,551
1946	...	...	...	1,395
1947	...	...	...	1,642
1948	...	...	...	1,180
1949	...	...	...	1,488
1950	...	...	...	1,352
1951	...	...	...	2,339
1952	...	...	...	1,229
1953	...	...	...	1,142
1954	...	...	...	1,251
1955	...	...	...	1,589
1956	...	...	...	1,458
1957	...	...	...	1,558
1958	...	...	...	1,554
1959	...	...	...	1,554
1960	...	...	...	1,641
1961	...	...	...	1,888
1962	...	...	...	1,774
1963	...	...	...	1,641

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from Respiratory Diseases - rates per 1,000 population



TRENDS OF MORTALITY 1944–1963

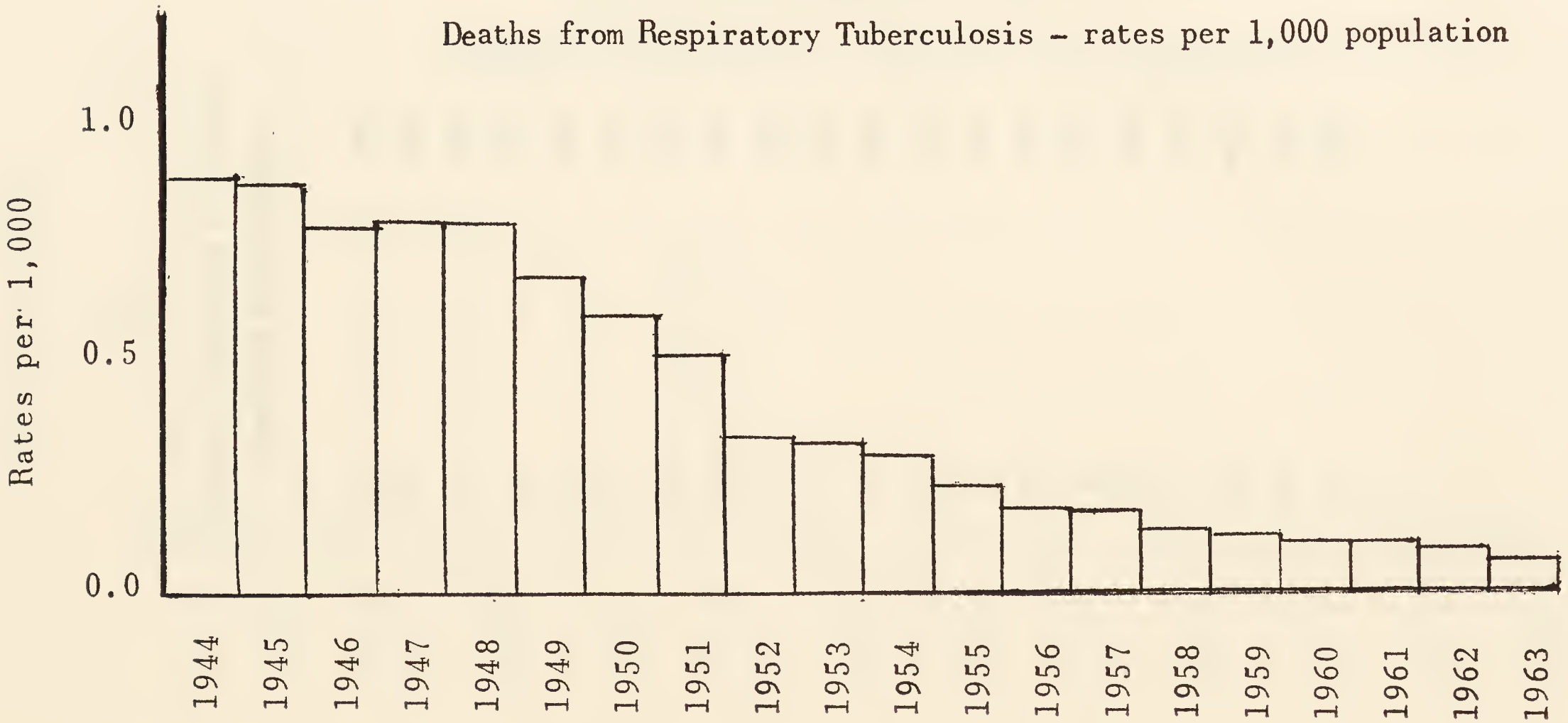
DEATHS FROM TUBERCULOSIS OF THE RESPIRATORY SYSTEM

1944	...	...	...	597
1945	...	...	...	605
1946	...	...	...	579
1947	...	...	...	599
1948	...	...	...	630
1949	...	...	...	532
1950	...	...	...	481
1951	...	...	...	406
1952	...	...	...	269
1953	...	...	...	258
1954	...	...	...	232
1955	...	...	...	185
1956	...	...	...	137
1957	...	...	...	123
1958	...	...	...	109
1959	...	...	...	102
1960	...	...	...	81
1961	...	...	...	80
1962	...	...	...	74
1963	...	...	...	54

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from Respiratory Tuberculosis - rates per 1,000 population



TRENDS OF MORTALITY 1944–1963

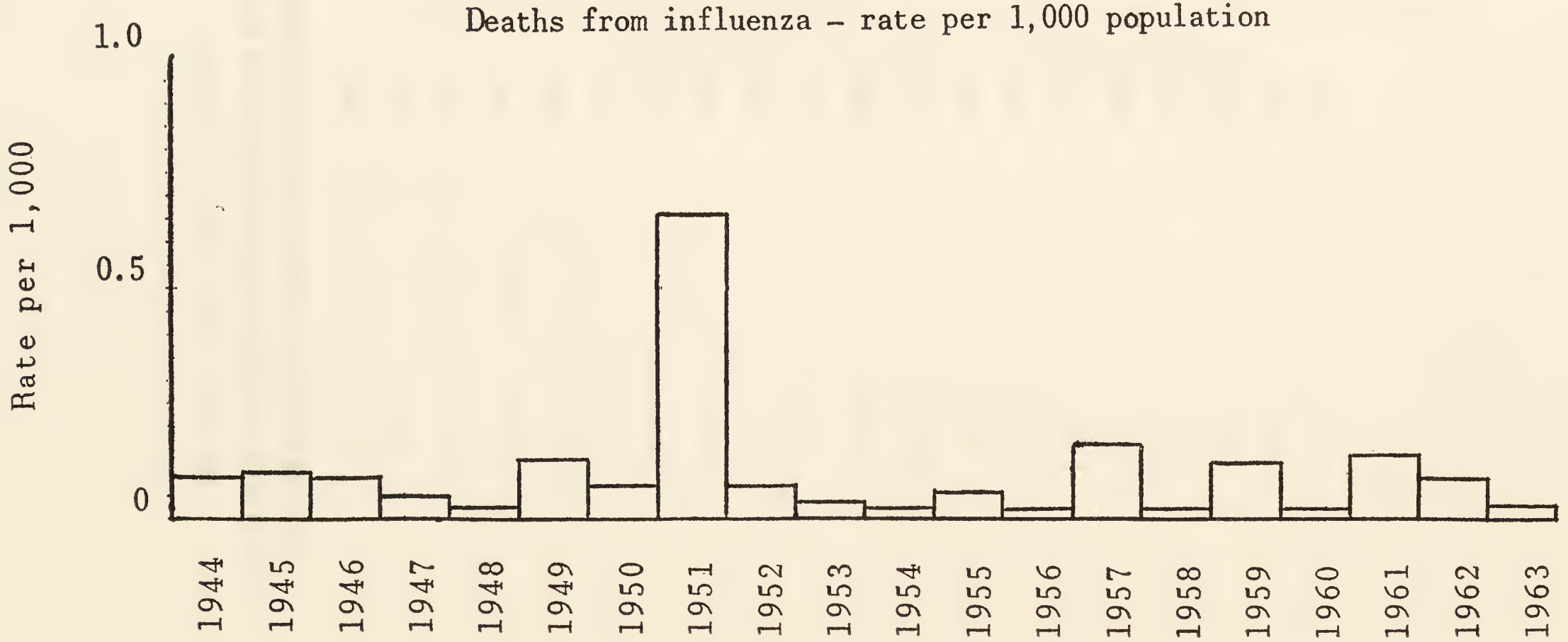
DEATHS FROM INFLUENZA

1944	...	...	...	61
1945	...	...	...	69
1946	...	...	...	67
1947	...	...	...	35
1948	...	...	...	18
1949	...	...	...	102
1950	...	...	...	53
1951	...	...	...	520
1952	...	...	...	57
1953	...	...	...	29
1954	...	...	...	15
1955	...	...	...	47
1956	...	...	...	17
1957	...	...	...	124
1958	...	...	...	13
1959	...	...	...	90
1960	...	...	...	15
1961	...	...	...	108
1962	...	...	...	65
1963	...	...	...	19

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from influenza - rate per 1,000 population



TRENDS OF MORTALITY 1944–1963

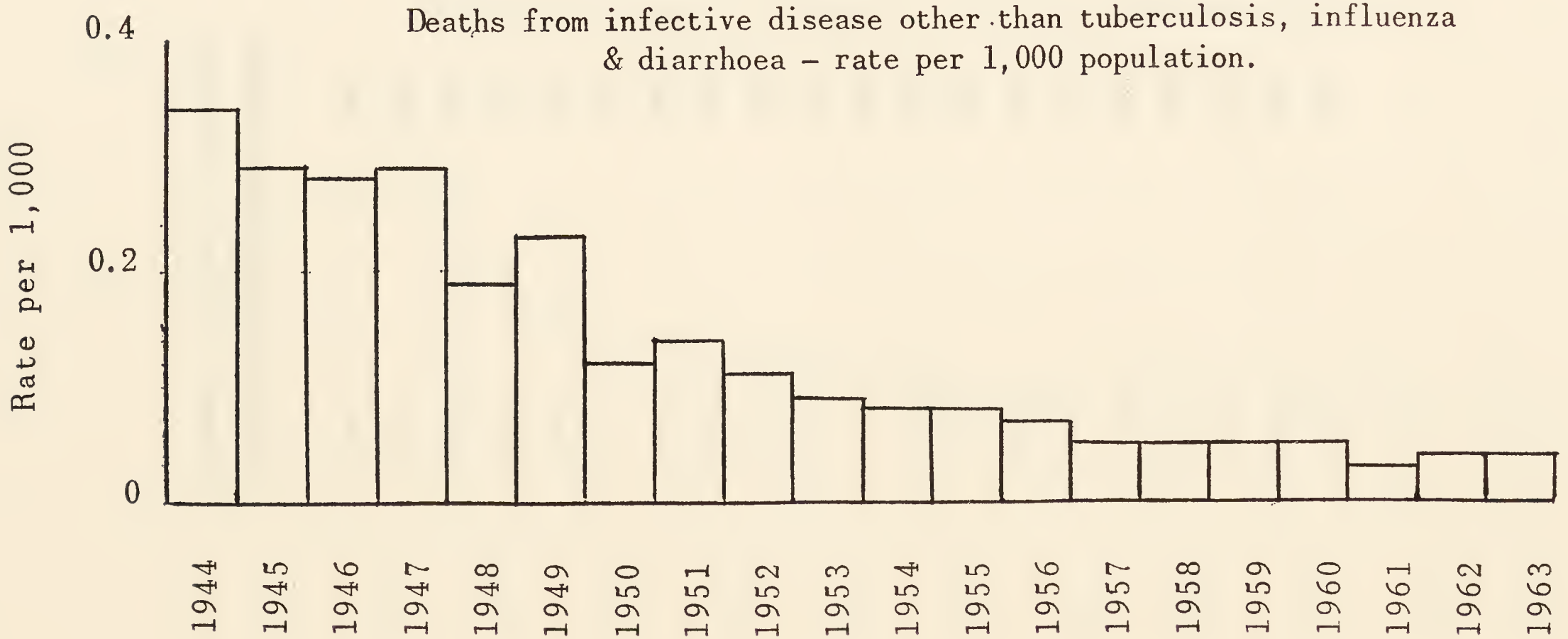
DEATHS FROM INFECTIVE DISEASES OTHER THAN TUBERCULOSIS, INFLUENZA AND DIARRHOEA.

1944	...	...	...	226
1945	...	...	...	200
1946	...	...	...	206
1947	...	...	...	222
1948	...	...	...	151
1949	...	...	...	186
1950	...	...	...	98
1951	...	...	...	111
1952	...	...	...	91
1953	...	...	...	69
1954	...	...	...	66
1955	...	...	...	65
1956	...	...	...	56
1957	...	...	...	42
1958	...	...	...	40
1959	...	...	...	42
1960	...	...	...	39
1961	...	...	...	25
1962	...	...	...	29
1963	...	...	...	31

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from infective disease other than tuberculosis, influenza & diarrhoea - rate per 1,000 population.



TRENDS OF MORTALITY 1944–1963

DEATHS FROM DIGESTIVE DISEASE

1944	...	...	...	362
1945	...	...	...	435
1946	...	...	...	569
1947	...	...	...	599
1948	...	...	...	463
1949	...	...	...	361
1950	...	...	...	310
1951	...	...	...	310
1952	...	...	...	292
1953	...	...	...	271
1954	...	...	...	275
1955	...	...	...	245
1956	...	...	...	215
1957	...	...	...	236
1958	...	...	...	258
1959	...	...	...	242
1960	...	...	...	226
1961	...	...	...	229
1962	...	...	...	205
1963	...	...	...	224

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from digestive disease - rate per 1,000 population



TRENDS OF MORTALITY 1944–1963

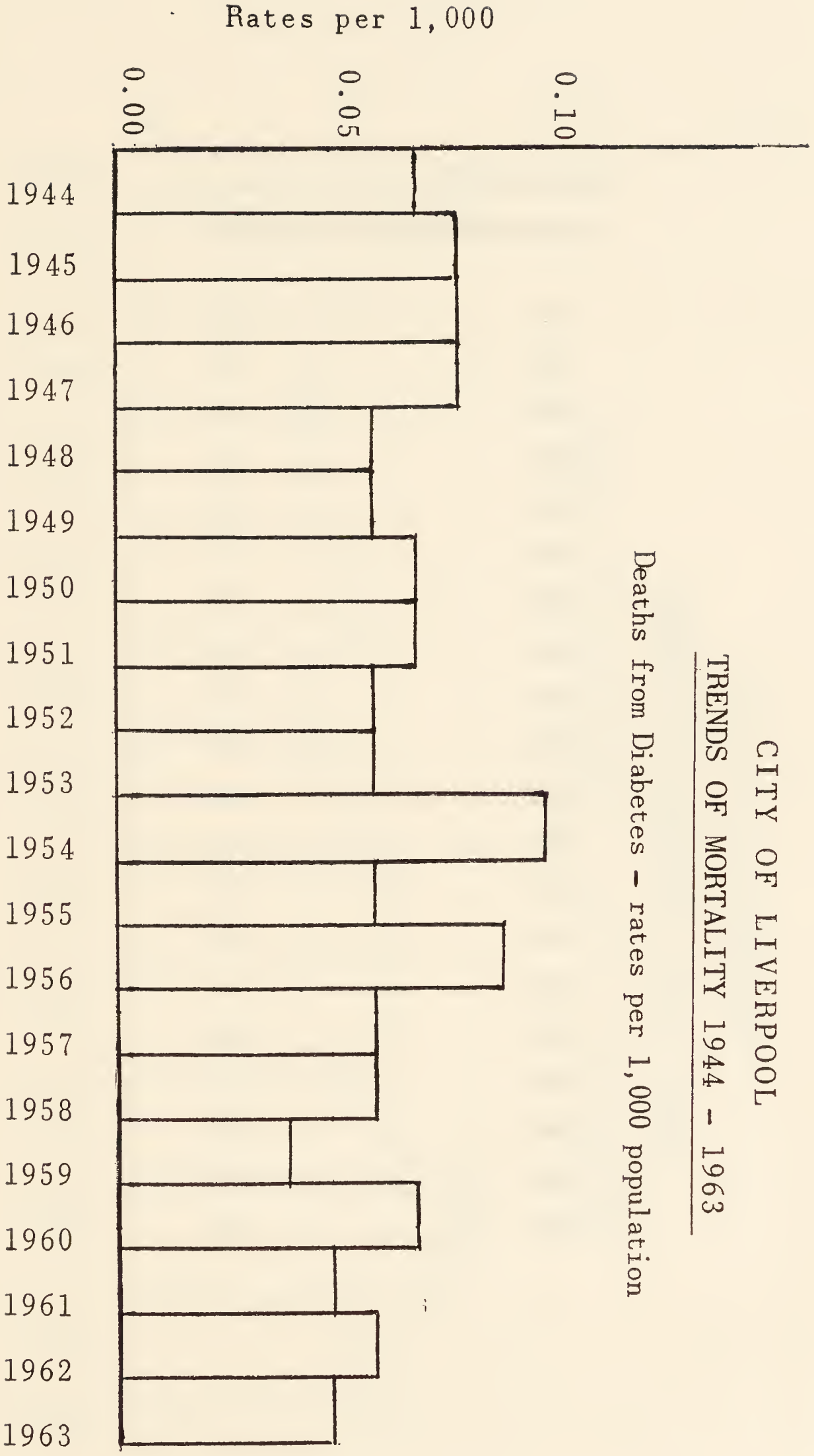
DEATHS FROM DIABETES

1944	49
1945	58
1946	60
1947	60
1948	45
1949	47
1950	60
1951	53
1952	49
1953	48
1954	76
1955	50
1956	71
1957	47
1958	47
1959	34
1960	51
1961	38
1962	42
1963	37

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from Diabetes - rates per 1,000 population



TRENDS OF MORTALITY 1944–1963

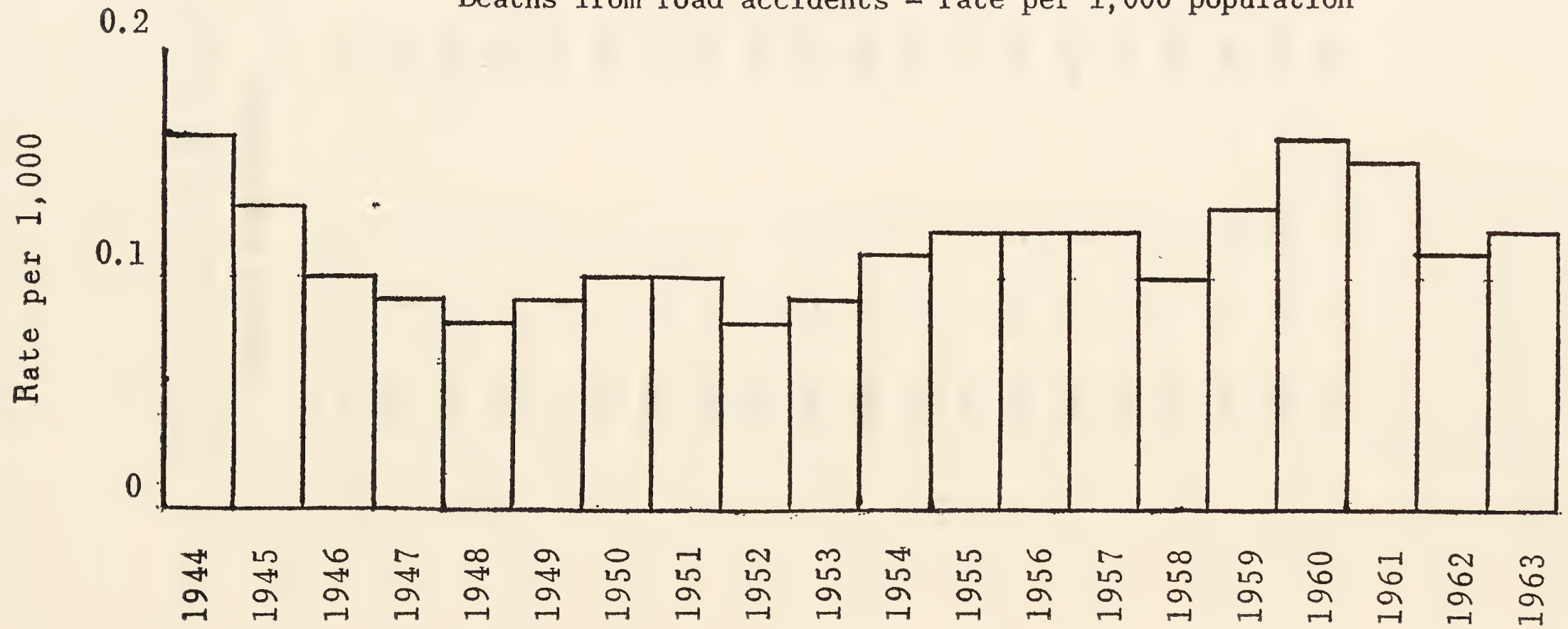
DEATHS FROM ROAD ACCIDENTS

1944	...	...	...	105
1945	...	...	...	87
1946	...	...	...	73
1947	...	...	...	71
1948	...	...	...	63
1949	...	...	...	71
1950	...	...	...	77
1951	...	...	...	75
1952	...	...	...	61
1953	...	...	...	74
1954	...	...	...	88
1955	...	...	...	90
1956	...	...	...	90
1957	...	...	...	93
1958	...	...	...	74
1959	...	...	...	102
1960	...	...	...	119
1961	...	...	...	112
1962	...	...	...	81
1963	...	...	...	86

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from road accidents - rate per 1,000 population



TRENDS OF MORTALITY 1944–1963

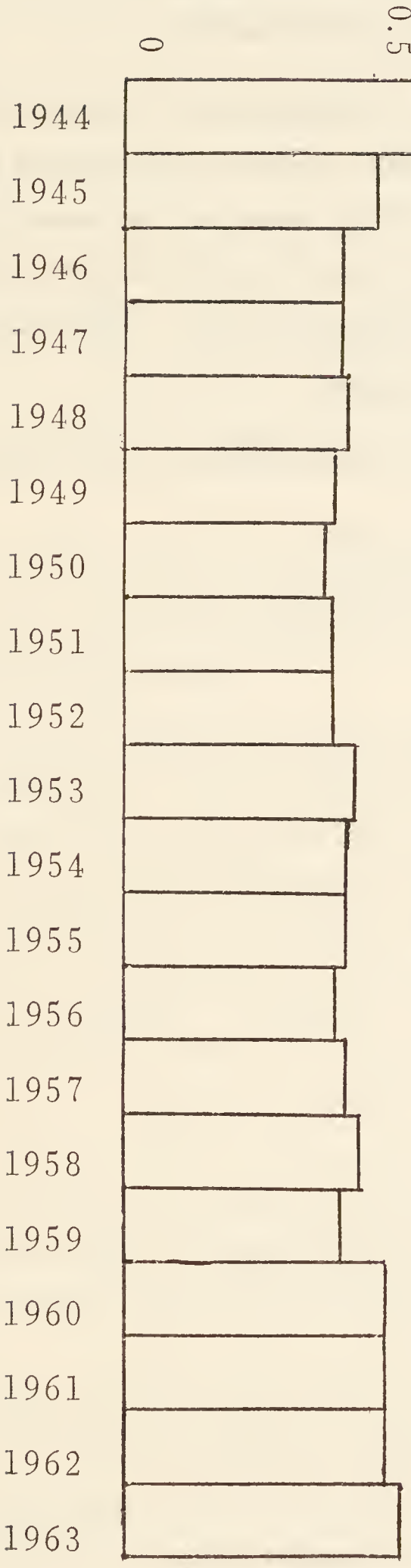
DEATHS FROM VIOLENCE

1944	...	...	...	405
1945	...	...	...	348
1946	...	...	...	324
1947	...	...	...	328
1948	...	...	...	359
1949	...	...	...	343
1950	...	...	...	326
1951	...	...	...	331
1952	...	...	...	336
1953	...	...	...	364
1954	...	...	...	354
1955	...	...	...	349
1956	...	...	...	330
1957	...	...	...	345
1958	...	...	...	359
1959	...	...	...	337
1960	...	...	...	397
1961	...	...	...	394
1962	...	...	...	397
1963	...	...	...	411

CITY OF LIVERPOOL

TRENDS OF MORTALITY 1944 - 1963

Deaths from violence - rate per 1,000 population



MATERNITY AND CHILD WELFARE

Births

During the year a total number of 19,929 live and stillbirths were notified, a reduction of 521 on the number notified in 1962.

Children born "At risk".

Certain children, owing to the circumstances of their birth, are more likely to develop defects than their fellows, and therefore require more detailed observation. During 1963, a register of the names and addresses of these children born in this year was instituted, and the progress of each of them will be reviewed at six monthly intervals. At the end of December, there were 837 children on this register.

Congenital Defects

492 babies born during the year were reported to have congenital defects.

MIDWIFERY SERVICE

During the year, 343 midwives notified their intention to practise midwifery in the city, an increase of fifteen over the figures for 1962. The increase was probably due to the fact that more part-time midwives were practising. At the end of the year, 287 remained in practice.

Place of birth

The number of domiciliary births was 4,096 as compared with 4,768 last year. Despite this, the percentage of home births was 25 per cent compared with 23·8 per cent last year. The number of hospital births decreased to 72·9 per cent compared with 74 per cent last year, while 2·1 per cent were born in nursing homes. This alteration in numbers has been brought about by the number of people being rehoused in Huyton, Halewood and Kirkby who still use the Liverpool hospitals, but who are not counted in Liverpool's population.

Altogether 2,108 mothers and babies who were discharged before the tenth day after confinement were visited by midwives, but a much greater number of babies discharged home between eight and ten days after birth were visited by health visitors.

A table is given showing the numbers discharged from each hospital and the day of discharge. The total number was 2,740, but of these, 632 were premature babies who were cared for by a special team of nurses. The table shows how the early discharges between the second and sixth day have increased, and below they are compared with last year.

	2nd day	3rd day	4th day	5th day	6th day
1962	79	313	185	133	248
1963	116	349	273	231	347

Medical Aid

The midwives called in medical aid for 991 cases for different abnormalities. In 869 cases a doctor had been booked for maternity medical services. (Table 10.)

Puerperal Pyrexia

During 1963 there were 356 cases of puerperal pyrexia, of these, 343 occurred in hospital and thirteen in the home of the patient. (Table 9.)

Staff

The general staff situation changed in 1963 with the closing of the Liverpool Maternity Hospital District Homes by 1st April, 1963.

The transfer of district work which was begun in December, 1962, proceeded smoothly and, when it was completed, four of the district midwives from the Liverpool Maternity Hospital transferred to the Corporation, as did their district supervisor who was appointed to do the practical supervision of the district pupils, under the non-medical supervisor of midwives.

The midwifery staff, at the end of the year, consisted of the non-medical supervisor, two assistant supervisors and one training superintendent, 68 full-time midwives, including three who specialised in premature baby care, and two part-time midwives who were appointed to care for mothers and babies discharged early from hospital.

Seven full-time staff left during the year, of these, one returned to hospital, one transferred to the home nursing service, and the other five had family commitments.

Training of Part II Pupil Midwives

The training scheme run in conjunction with Sefton General Hospital was extended in June to include pupils from the Liverpool Maternity Hospital, and in September, from Mill Road Maternity Hospital.

An average of twenty pupils at any one time worked for three months under the supervision of their district teaching midwives, and tutorials were given by the non-medical supervisor and the training superintendent. Forty-one pupils took the course and all qualified as midwives, one joined the staff. Twenty-four were still in training at the end of the year.

In addition to the non-medical supervisor and the training superintendent, 24 midwives are approved district teachers.

Accommodation

Forty-two midwives occupied 35 Corporation houses or flats, and thirteen unmarried midwives lived in furnished accommodation.

Transport

Thirty-six midwives were car owners and drivers, twenty were cyclists and thirteen used public transport. Those midwives using cycles and public transport were able to call on the taxi service for transport to confinements. The non-medical supervisor and the senior assistant supervisor used their cars in the performance of their duties, and the training superintendent used hers for practical supervision of the work of the pupil midwives.

Equipment

The number of trilene machines for analgesia was increased by five to sixteen. These machines are smaller and lighter to carry than the gas/air machines which are also used.

Disposable equipment, including syringes, was used during the year.

Ante-Natal Care

Ante-natal care was carried out at 34 general practitioners' clinics, at local authority clinics, where twenty were run by midwives, and also by visits to the homes of patients.

Midwives attended 1,278 sessions at general practitioners' surgeries, an increase of 249 over last year, and 527 at medical officers' clinics, a decrease of 140. Midwives' clinics were staffed by them on 2,170 occasions, and 22,422 home visits were made.

Doctors were booked under the maternity medical service in 96 per cent of cases, but were actually present at 10·6 per cent of all cases.

Analgesia

Gas and air was administered to 2,269 mothers delivered by midwives, and trilene to 559. The number of patients who received pethidene or pethilorfan was 2,503.

Domiciliary Deliveries

The total domiciliary deliveries were 3,840, 857 fewer than in 1962, of which 3,732 were delivered by municipal midwives and 108 by Liverpool Maternity Hospital district midwives before 1st April, 1963.

The midwives paid 55,995 visits to their own booked cases, and 7,063 visits to mothers and babies discharged early from hospital.

They also paid 1,135 visits to patients referred from the hospitals for the assessment of home conditions.

Postgraduate Courses

These were attended by twelve midwives.

Transfusion Unit

The emergency obstetric flying squad was called out 65 times to the homes of patients. Fourteen patients were transferred to hospital, the rest were nursed at home.

Midwives were called to emergencies 57 times by the ambulance service. In 50 of the cases, mothers who were booked for hospital had babies before the ambulance could take them there and 41 remained at home for nursing.

Consultants were called to midwives' cases seventeen times, nine times for the mothers and eight times for the babies.

Premature Babies.

Of the 131 premature babies born at home, 65 remained at home and were nursed there, whilst 727 who were born in hospital or were born at

home and transferred to hospital, were later discharged to the care of the specially trained midwives. A table is given showing the weights of these babies. (Table 7.)

Among the babies born at home there were five sets of twins and among those discharged from hospital, there were 51 sets of twins and two sets of triplets.

The midwives caring for premature babies made 1,047 visits to home deliveries and 3,168 to babies discharged from hospital, making a total of 4,215 visits, an increase of 110 over last year.

They also made 199 visits to the homes of babies before they were discharged, to ascertain if the conditions were suitable and ready to receive the small baby.

Equipment

During the year equipment was loaned as follows:—

Cots and mattresses...	7
Blankets	30
Hot water bottles and covers ...	84
Gowns	17
Vests	2
Scales (weighing)	12

Maternal Deaths.

Maternal Deaths

During the year there were three maternal deaths and three deaths from associated causes. Of the three maternal deaths, two women died from toxaemia and one from haemorrhage.

The first case was a multigravida five, aged 34 years, who was delivered by a midwife in her own home. She had adequate ante-natal supervision from both the doctor and midwife, the only abnormality was a trace of albumen with a blood pressure of 115/70 at the 38th week of pregnancy. She had a normal delivery after $3\frac{1}{2}$ hours of labour, at 41 weeks, followed by a moderate post-partum haemorrhage. The doctor was summoned and the bleeding was quickly controlled by ergometrine. However, on taking her blood pressure after delivery, both the doctor and midwife were very concerned to find that it had risen to 210/110 and the patient complained of a severe headache. The patient was kept under observation for $2\frac{1}{2}$ hours and at the end of this time the doctor and midwife left, leaving instructions that they were to be summoned if any change occurred. Four hours later the

patient became unconscious, but the doctor was not called. Eight hours later the doctor visited again and found the patient comatose. He immediately summoned the obstetric flying squad, who transferred the patient to hospital where she died without recovering consciousness approximately 13 hours after delivery. A post-mortem examination disclosed a large haemorrhage into the left cerebral hemisphere.

The second case of toxaemia was a multigravida two, who was booked for hospital delivery at the 14th week of pregnancy. The pregnancy was normal until the 35th week, when the patient was admitted to hospital with a small ante-partum haemorrhage and a blood pressure of 150/100. The following day, her blood pressure rose to 160/100 and her urine was loaded with albumen and after this the patient developed a severe headache and became unconscious. She was delivered while unconscious of a stillborn infant weighing 4¼ lbs. and after delivery had two fits which were probably due to eclampsia. She died four hours after delivery. A post-mortem showed a haemorrhage in the right upper pons cerebelli extending into the subarachnoid space and spreading as far as the vertex. The liver and kidneys showed eclamptic changes.

The case of haemorrhage was in a multigravida eleven and was associated with an abortion with placenta praevia at the 18th week of pregnancy. The patient was admitted to hospital with bleeding and on admission her condition was quite good. An operation was undertaken to complete the abortion and bleeding continued after the evacuation of the uterus despite vigorous haemostatic procedures. A further operation to remove the uterus and stop the bleeding was started, but the patient collapsed and died before it was completed. Five pints of blood were given during the effort made to save this patient.

Associated Deaths

There were three deaths from illness associated with pregnancy in 1963. The first was in a multigravida nine, who had a history of mitral stenosis for the past nineteen years. During the two previous pregnancies, she had developed signs of decompensation, and mitral valvotomy was advised in 1958 and 1960, but refused. During this last pregnancy the patient had constant supervision from a consultant cardiologist from the eleventh week of pregnancy and was admitted to hospital at the 22nd week and again at the 28th week. The patient's condition deteriorated and mitral valvotomy was performed at the 33rd week. Her condition after the operation was fairly good, but four days later she developed cardiac arrest and died undelivered.

The second death was also from mitral stenosis. The patient was a single woman of 26 in her first pregnancy. She was first seen at hospital during the 23rd week of her pregnancy and the following week was admitted with severe acute respiratory failure which was slow in responding to treatment. She discharged herself against medical advice four weeks later. At the 36th week of pregnancy she was readmitted with cardiac respiratory failure. A premature infant was delivered one week later when the patient was in congestive cardiac failure. Her condition worsened and she died 25 days after delivery. Death was due to cardiac failure secondary to rheumatic pancarditis which had been reactivated and aggravated by the pregnant state.

The third death occurred in a woman of 49 years, who was not pregnant. This woman developed signs of intestinal obstruction while at work. She refused to send for medical aid for 24 hours, but was later admitted to a general hospital where she was operated upon for acute intestinal obstruction. Her condition after operation was fairly good, but later she collapsed and died. The intestinal obstruction was due to adhesions which had formed when part of the right Fallopian tube had been removed for an ectopic pregnancy sixteen years previously. It is doubtful whether this case should be classified as an associated maternal death.

HEALTH VISITING

Staff

At the end of 1963 the staff consisted of one Superintendent, two Assistant Superintendents, 88 Health Visitors, and one full-time S.R.N., an increase of five upon the figures for 1962. The health visiting staff dealt not only with the health of mothers and children, but also helped to solve many medical and social problems and frequently were in a position to assist all members of a family.

Visits

During the year, 70,000 children under the age of five years were visited at least once, and altogether 180,700 visits were made to observe and advise on their general progress. Where any deviations from the normal mental and physical progress occurred, steps were taken to enable parents to seek advice.

Visits to Elderly

Over 5,000 visits were made to old persons during the year, a thousand more than in 1962. These visits were made at the request of consultants, general practitioners, or friends and neighbours. The majority of these visits were to people living alone, who needed a great deal of support and assistance. Five hundred visits were made to obtain information for the hospital consultants caring for the aged. In this way, the health visitor helped these physicians to make the best use of a limited number of hospital beds.

Convalescence

During the year arrangements were made for 64 elderly people to go away for a period of convalescence, to such places as the Lear Home of Recovery, West Kirby; The Lady Forrester Home, Llandudno, and The Metcalfe Smith Trust, Harrogate. The department is particularly grateful to the Lear Home as the Matron had great understanding of the problems of old people, and was ready to accept the majority of the cases referred for convalescence.

There are now very few convalescent homes which cater for mothers and their babies together. There is a need for such provision to be made for the Liverpool area. Two homes only were available during 1963, and 27 mothers with babies were sent to the Catholic Mothers' Union Home in Blackpool and St. Winifred's Hospice in Holywell. Arrangements were made by the Child Welfare Association for 265 children under the age of five years to go away unaccompanied for periods, usually of four weeks' duration.

Problem Families

Visits to families with special problems took much of the health visitors' time. During the year nearly 2,000 lengthy visits were made to these families. This work required close co-operation with other organisations both voluntary and statutory, and over 1,600 communications were made during 1963 with the following bodies:—

The National Assistance Board.
Children's Officer.
National Society for Prevention of Cruelty to Children.
Education Welfare Department.
Hospital Almoners.
Mental Welfare.
Probation Officer.
Two Moral Welfare Associations in the City.

When it was necessary for the mother of a family to learn housecraft, arrangements were made for her to visit Brentwood Rehabilitation Centre. Eight of these mothers with their children went away for periods ranging from four to eight weeks. All these families were visited regularly after their return and it is hoped that any improvement in their standard of living will be maintained.

Accidents in the Home

The home accident survey which was conducted throughout the whole of 1962 was continued until July, 1963, and altogether 3,700 visits (2,360 in 1962 and 1,340 in 1963) were made by health visitors to obtain certain information and to find out, if possible, the cause of the accident. In all cases advice was given on the prevention of another, or similar, accident.

Immunisation

Advice on the prevention of disease and the protective measures available is part of the daily work of the health visitor, and, at the end of 1963, a slight change in the vaccine against poliomyelitis, and a new container, made it possible for the health visitor to carry out oral immunisation against poliomyelitis in the homes which she visited. Doses of vaccine to the number of 12,247 were given at clinic centres and at home and 17,127 injections against diphtheria, whooping cough and tetanus were given at the clinics.

Mothercraft and Relaxation Classes

The number of expectant mothers attending the mothercraft and relaxation classes continued to increase and this was due to the work of the health visitors attached to the hospital ante-natal units in the City. Altogether, 1,170 mothers attended these classes, 962 of them were referred from hospital ante-natal clinics and they made a total of 5,256 attendances.

The people who attended these classes found them useful and enjoyable, and frequently wrote to express their appreciation of the help which they received.

Diabetic Health Visiting

Diabetic patients attending the David Lewis Northern Hospital, Walton Hospital and Sefton General Hospital were visited at home, and 1,400 visits were made by the health visitor to 913 patients. The patients were of all ages, and instruction was given on diet, the injection of insulin, and on general health matters.

Co-operation with Hospitals

Patients attending the neurological unit at Walton Hospital were visited at home at the request of the consultants. Over 1,500 visits were made to 350 patients during the year. Similar work was done by two health visitors who attended Alder Hey and the Royal Southern Hospitals.

Seven health visitors continued to attend maternity hospital clinics and a paediatric clinic at Alder Hey Hospital to assist patients and their families.

Patients visited following discharge from hospital numbered 3,200 and in nearly all cases reports were sent to inform the physician or surgeon of the progress of the patient.

Children referred to School Health Department

The following cases of pre-school children were referred to the school health department for physical and mental assessment and other advice:—

Mental assessment	35
Physical assessment	32
Hearing tests	24
Educational tests	17
Speech defects	19
Eye defects	295
Orthopaedic defects	209

Venereal Disease

A state registered nurse, working part-time was responsible for ensuring that women and children suffering from venereal disease continued their treatment. Almost 900 visits were made to 197 patients who had discontinued their treatment. As a result of this work, 124 of these patients returned to the venereal disease clinics.

Liverpool Show

The theme of the health visiting section of the Liverpool Show was "One hundred years of health visiting". The stand showed not only the state of homes in 1863 and 1963, but also the various teaching aids used by the health visitor, and the marked difference in the number of children who

died under the age of one year over the years. The exhibition was of great interest to all who saw it.

Maternity and Child Welfare Clinics.

The number of centres operating throughout the year remained at 27, but at the end of May the house used at No. 56 Altcross Road, was replaced by new premises known as Croxteth New Clinic. These new premises were greatly appreciated by both the public and the staff.

Clinic Sessions

In the centres throughout the City, sixteen ante-natal sessions were held per week, and 2,018 women attended for ante-natal and post-natal examinations, making a total number of 4,632 visits. The number of women who were referred by their doctors for blood tests was 989 and from these, 2,882 separate tests were made.

Mothercraft Classes

Mothercraft classes increased in number during the year from sixteen to eighteen and midwives' sessions from fourteen to twenty-one; health visitors attended to undertake health education.

Child Welfare Clinics

The number of children who attended the infant welfare clinics fell by 910 compared with the previous year, 17,081 children made 99,021 visits during 1963. The weather during the first quarter of the year may account for this drop in the number of visits, as 9,000 fewer visits were paid to the infant welfare clinics in these months of 1963 compared with the same period in 1962.

Clinic Attendances

	1962	1963
Total number of centres at which ante-natal clinics were held ...	14	15
Number of clinic sessions held per week (medical)	14	16
Number of cases attending ante-natal clinics (doctors' sessions)	1,026	1,899
Total attendances at ante-natal clinics	5,604	4,632
Total attendances at post-natal clinics	187	119
Total number of new cases attending midwives' ante natal clinics	1,673	2,363
Number of attendances at midwives' clinics at which health visitors were in attendance to practice health education ...	8,312	11,061
Number of centres at which health visitors conducted relaxation and mothercraft classes	16	18

	1962	1963
Number of mothers attending mothercraft and relaxation classes	954	1,170
Number of mothers attending who were booked for hospital delivery	750	962
Total number of centres at which child welfare clinics were held...	27	27
Number of clinic sessions held per week	62	62
Number of new cases—under one year	9,330	9,117
one to five years	562	590
Total attendances—under one year	83,403	77,263
aged 1—2 years	11,537	11,020
aged 2—5 years	12,314	10,738
Total under five years	107,254	99,021

Welfare Foods Distribution

This service arranges for the distribution of national dried milk, cod liver oil, vitamin tablets and orange juice to the public. For this purpose, 49 centres were still in use throughout the city:—

17 full time centres
11 part time centres
21 voluntary centres

The majority of the full-time and part-time centres were in clinic premises, but tribute must be paid to two city stores for providing facilities for the distribution of welfare foods on a full-time basis, and to the chemists and proprietors of dairies and shops who distribute welfare foods on a voluntary basis.

The distribution figures for the past three years are as follows:—

	1961	1962	1963
National Dried Milk (tins) ...	315,690	272,946	263,332
Cod Liver Oil (bottles)	27,967	16,260	13,635
Vitamin Tablets (packets) ...	26,197	15,455	13,716
Orange Juice (bottles)	182,414	107,170	105,739

It will be seen that there has been a further decrease in the distribution of welfare foods during 1963.

The sales of proprietary brands of dried milk and vitamin preparations, however, have increased, as shown in the following table:—

	1961	1962	1963
Proprietary Dried Milk Preparations	142,273	192,189	197,828
Proprietary Vitamin Preparations	25,126	39,439	54,527

Staff

The staff of this service consisted of two supervisors, one general assistant, 21 full-time and eleven part-time distributors.

Soiled Laundry Service

The soiled laundry service continued to be an invaluable aid to patients nursed at home. During 1963, 270 patients availed themselves of this service, an increase of 41 upon the figures for 1962.

Bath Attendants

The district nursing staff was augmented during the year by bath attendants who worked under the supervision of the district nursing sisters and performed a very useful service, thus giving trained staff more time for acutely-ill patients.

Home Nursing Equipment

The demand for this service continued to increase during 1963, and many new articles of equipment were purchased, including heavy lifting apparatus. The number of items loaned during 1963 was 5,942, an increase of 893 on the figures for the previous year.

HOME NURSING SERVICE

The work of this service relates to all medical and surgical conditions, children's diseases and cases of chronic illness.

Nursing visits were normally made between the hours of 8.30 a.m. and 1.30 p.m. and between 3 p.m. and 6.30 p.m.: in addition, an emergency staff were on duty each evening from 8 p.m. until 10.30 p.m. **Visits**

The number of cases visited throughout the year was 12,266 and the number of individual visits totalled 343,411.

Late night visits were made to give sedatives, or morphia to the number of 5,385, an increase of 345 over the figures of the previous year. In addition, district nurses who attended 392 clinic patients made 7,336 visits, an increase of 641 over the figures for 1962.

The pattern of work remained much the same: 5,385 patients over 65 years of age received a total of 171,602 nursing visits. These patients take up an increasingly large amount of time and as the service was still understaffed, each nurse had a heavy case load.

Visits to children under five years of age totalled 5,920, covering 982 patients.

During the year, 29 nurses, including two male nurses, were trained as Queen's Nursing Sisters, an increase of 12 over the figures for 1962. 21 students trained for the Liverpool staff and the other students came from Anglesey, Yorkshire, Monmouthshire, Westmorland, Cumberland and Lancashire. **District Nurse Training**

In addition, 29 students from other authorities, Wallasey, St. Helens, Blackburn, Flintshire and Denbighshire, attended the three weeks' lecture block. A total of 58 students received their theoretical training in Liverpool, an increase of 24 on the figures for 1962.

During May, a representative of the Queen's Institute of District Nursing, visited Liverpool to observe district nurse training. The following report was received:— **District Nurse Training Report**

"The training given is of a high standard and modern educational methods are used. The lecture course is well planned and visits of observation are satisfactorily linked with the relevant lectures. The study and

library are well equipped. The full-time tutor has established good relationships with the administrators and good integration of theory and practice is achieved. The senior nursing staff who help with the practical training take an intelligent interest in the teaching."

Visitors to the Service

During the year, 469 student nurses, post-registration nurse students, hospital sisters and tutors, accompanied the district nurses on their visits. This gave them an insight into the social background of the patients and the scope of the domiciliary services.

DAY NURSERIES

Local Authority Nurseries

Twelve nurseries provided accommodation for 670 children. Eleven of these continued to train students taking the nursery nurses' examination.

One nursery, The Hut, Orwell Road, was closed for two months at the beginning of the year following flooding at Christmas. During the time it was closed, work was carried out to the outside fabric of the building.

Education

Visits were exchanged with the staff of nursery schools, and the senior nursery staff attended demonstrations of play materials at the Mabel Fletcher Technical College.

Health Education

The nurseries continued to stress the importance of preventing accidents both on the road and in the home. The Tufty Club was well supported and road safety was taught to the children. Towards the end of 1963, the nurseries arranged displays of flameproof materials for nightdresses as part of their campaign to prevent burning accidents.

Student Nurses

Nineteen students were successful in the nursery nurses' examination in 1963. Fourteen of these nurses were employed in the day nurseries and two in education nursery schools while three started further training.

Private Day Nurseries and Daily Minders

Thirteen private day nurseries and four daily minders were registered with the local authority under the Child Minders Regulation Act, 1948. These nurseries were visited regularly by the assistant medical officers to give advice and help on any matters regarding the welfare of the children.

CHIROPODY

During the past year the chiropody service continued to expand. Additional district sessions were opened to meet the growing demand for the service in outlying areas. Transport was provided for frail and crippled patients, and a domiciliary service was available for those who were housebound.

Free chiropody was available to all women over 60 years of age and men over 65 years. Expectant mothers, diabetic patients and badly handicapped persons (including blind people) were also treated. During 1963, 71 expectant mothers, 197 diabetic patients and 103 disabled people under the age of 60 years were treated.

During the year 12,592 treatments were given at the eighteen district clinics, and 10,353 at the Central Foot Clinic, making a total of 22,945. In addition, 1,263 treatments were given to patients in their own homes, making an over-all total of 24,208 chiropody treatments.

At the end of December, sixteen chiropodists were conducting 65 weekly sessions, one was employed on domiciliary visits and one full-time chiropodist was carrying out both types of work.

Table 15 shows the number of treatments given at the different clinics.

Table 14 shows the number of domiciliary treatments given.

HOME HELP SERVICE

The purpose of the Home Help service is to provide practical assistance in the home for those who are sick or infirm and are without other help.

Emergency Service

On receipt of an application the applicant is visited as quickly as possible and the service arranged as required. Should the need be urgent the home help will be installed on the day following the visit and will continue to arrive each week-day until the patient recovers or other arrangements are made. One to four weeks are usually needed but in some instances the service becomes a quasi permanent arrangement, e.g. when illness persists and there is financial hardship which excludes the possibility of employing private help.

The home helps assigned to these cases are occupied with shopping, cooking and personal attention as well as with the cleaning of the home.

Pensioners Service

Requests, for help with housework only, from those elderly or infirm people who are able to prepare their own meals and do their own shopping are dealt with as soon as possible but are not accorded the priority of the urgent case and this service is reserved for those who live alone or with others who are handicapped. This is not merely a cleaning service, for the home help will encourage her patient to change her clothing and bed linen and, in short, will do her best to enable the occupant to stay at home for as long as possible.

STATISTICS OF CASES

Old Age Pensioners	2,906
Chronic sick and Tuberculosis	344
Mentally disordered	6
Maternity	149
Others	721
TOTAL ...	4,126

Charge for Service

There is a charge for the home help service of 3s. 0d. per hour and an assessment scale in use for those applicants who cannot pay the standard charge. Pensioners whose incomes include national assistance and pension only receive service free of charge. It is of interest to note that of 1,778 cases provided with help on 31st December, 1963, 1,348 were free of charge.

Hours of Service

The official hours of employment are from 9 a.m. until 5.30 p.m. and applicants are usually assisted satisfactorily within these hours. Apart from those needing full-time service, usually sick mothers with young children, practically all of the applications are for morning help.

Evening service was provided during the year for invalids and motherless schoolchildren whose fathers were working but the number was small and there was no difficulty in making the arrangements. However, it is envisaged, that with the changes in hospital accommodation, it will be necessary to think on terms of a seven-day week and a regular evening service.

Recruiting of Home Helps

In view of the preference for morning assistance it has been customary to engage staff who worked 9 a.m. until 1 p.m. only. In fact 90 per cent of home helps worked these hours until July. 1964, when it was decided to save insurance costs and increase the hours from 9 a.m. until 3 p.m. thus employing two home helps instead of three.

This arrangement which affected new staff only has proved successful, not only because of cost, but also from the supervision angle, it being easier to see the home help at work when the hours are less restricted.

As in former years there was no shortage of applicants for employment in 1963. Several local factories ceased to employ married women and recruited school leavers, a change of policy which helped in the recruitment of home helps.

Unfortunately the recruitment was offset by the number of resignations, and in the period October—December, 1963, 50 home helps were appointed and 37 resigned. The number of home helps employed at the end of the year was 404.

Training Scheme

A training scheme for home helps was begun in July, 1963. This consists of a six-weeks' course of training on one morning per week at the Mabel Fletcher College. Instruction is given by the staff of the college on the following subjects, basic nursing, cookery with limited facilities and income, knowledge of food values and the use of electrical equipment. All employees have taken or will take this course after they have completed a probationary period of four weeks as a home help.

Visiting Staff

The visiting staff of the home help section have a variety of duties. They visit the applicant to discuss the need for service and the hours required,

If a reduction in the cost of service is requested the visitor assesses the amount of charge to be made. She revisits to ensure that help is still required and to supervise the work of the home help installed.

In common with visiting staff from all sections the home help visitors cannot restrict her conversation to one service only and a surprising amount of her time can be spent in referring requests from patients to General Practitioners, National Assistance Board, etc.

Administrative Staff

The administrative staff increased in 1963 by one assistant organiser, one visitor and one clerk, and now consists of:—

One Organiser
One Deputy Organiser
One Assistant Organiser
Four Visitors
One Clerical Officer
Three Clerks.

The number of home helps employed increased over the same period, from 322 to 404.

Types of case and families assisted during the year

1. From July, 1963 until December, 1963, help was supplied to a family consisting of a deserted husband (severely handicapped person) and his son aged 12 years. The son was on probation and proved most difficult to deal with—by changing the home help each four or five weeks, service continued until a housekeeper was found.

The home help attended daily from 9 a.m. to 2 p.m. and had to cook, wash, clean and attend to the needs of the man and his son. During this time numerous complaints were received from each of the home helps who attended for duty at this home, regarding money being stolen. Conditions deteriorated and the Police and Probation Office were informed of the matter—which necessitated in one of the home helps attending the Juvenile Court. The service continued during this stormy period.

2. A widowed mother (with four children) suffered from leukaemia and on discharge from hospital received daily help. The help cared for the children as if they were her own and did many things over and above her duties. The mother was most grateful and felt that due to help she was making excellent progress. Service continued until the patient died.

3. Young parents with four children, the father being a complete invalid

due to multiple sclerosis, were given daily service for one month during the early pregnancy of the mother, this being followed by a service for housework of four hours weekly until her confinement. On return from hospital with the new baby, daily service was again given for a week followed by a short period again of housework service involving one morning a week for four hours. During Christmas this family received a hamper, plus coal through the recommendation of the home help service.

4. Early in December, 1963, the parents of a young family were involved in a road accident, the mother was killed and the father so badly injured that he is now an invalid. There are six children aged from four to fifteen years and the eldest boy suffers from a heart condition which will exclude him seeking any normal form of work in the future. Help is being given to this family with their problem of housework for two mornings a week.

5. Another young family, the husband completely incapacitated having suffered two strokes and with two young children, one in a plaster cast owing to tuberculosis of the hip and the other in bed with a heavy cold, when the wife collapsed and was found to be on the verge of pneumonia, was helped daily from 9 a.m. until 1 p.m. for four weeks. Christmas came during this period and the department was instrumental in seeing that this family received a Christmas parcel plus coal. The wife still has help with her housework one morning a week for which she is most grateful.

6. A young woman after being in a car crash was completely paralysed. On return to her home after over twelve months in hospital her husband had to care for her and their three children. The department were called in when the husband almost collapsed from the strain of all this. Daily help to care for the family for one month eased the situation and after that weekly help with housework was provided.

HEALTH EDUCATION

General

Many members of the staff, including medical officers, the chief welfare officer and the chief public health inspector, gave lectures on request to various organisations.

The work of the department covers many aspects which are of special interest to certain sections of the public, and requests were received for speakers on subjects of particular importance to the organisations concerned. Officers of the mental health section addressed meetings of professional and lay persons on various aspects of mental health, with particular reference to the community care services. The health visitors continued to meet requests from various bodies to speak at evening meetings on the work of the health visitor, the health service and other subjects. Early in the year a member of the health visiting staff took part in a symposium on the prevention of accidents.

Liverpool Show

Some aspects of the work of the ambulance, health visiting and midwifery services were displayed at the Liverpool Show, and practical advice was given on how to protect premises against damage caused by frost. The General Dental Council provided a mobile demonstration relating to dental health.

Parents' Club

The Norris Green Parents' Club continued to meet twice each month. The membership remained high and the members were enthusiastic. A health visitor attended each of the meetings.

EPIDEMIOLOGY

Incidence of Notifiable Infectious Disease

The number of cases of notifiable infectious disease occurring in 1963 compared with 1962 is shown in the table below:—

Disease	Notified Cases 1962	Notified Cases 1963
Diphtheria	1	3
Dysentery	269	383
Enteric Fever	1	8
Erysipelas	27	26
Food Poisoning	37	63
Malaria (contracted abroad)	9	10
Measles and German Measles	10,832	4,837
Meningococcal Infection	16	15
Ophthalmia Neonatorum	91	97
Acute Primary and Influenzal Pneumonia	379	349
Poliomyelitis	2	1
Puerperal Pyrexia	489	356
Respiratory Tuberculosis	438	391
Non-respiratory Tuberculosis	50	43
Scarlet Fever	250	495
Whooping Cough	208	1,762

Fall in measles, increase in whooping cough.

The incidence of infectious disease in 1963 was similar to 1962 with the exception that for measles it was not an epidemic year, the number of cases being just under half that of the previous year, whereas whooping cough reached an epidemic level extending from May to November.

Measles.

Measles

Considerable interest was focused on measles and the department co-operated in the National Survey into the Complications of Measles organised by the Public Health Laboratory Service. Unfortunately for the survey, but fortunately for the children affected, measles in Liverpool in 1963 was an

extremely mild disease. There were few severe cases and often the disease manifested itself by little more than a slight rash and a dry cough. Some cases of German measles were more severe than the measles cases. The main complications encountered were otitis media and pneumonia.

Whooping Cough.

Whooping cough

Whereas during 1963 measles was a mild disease whooping cough was of a severity that has not been experienced for several years. This manifested itself in a more severe course to the acute phase of the infection, a prolonged illness often of two to three weeks in spite of antibiotic treatment, and frequently subsequent debility.

The general pattern of the epidemic differed from its usual form. Instead of rising rapidly to a peak incidence and then falling away, the cases were distributed over seven months of the year from May to November.

It is of interest to note that in many cases whooping cough immunisation did not prevent the disease although it ran a less severe course in those previously immunised.

Late on in the course of the epidemic the question was raised whether the disease might be caused not by the Haemophilus pertussis organism, as is usual but by the closely similar related organism Haemophilus parapertussis. A series of bacterial investigations of both cough plates and post nasal swabs were carried out on patients both at home and in hospital. In no case was Haemophilus parapertussis isolated. It is interesting to note that only a few cases gave positive cultures of Haemophilus pertussis whereas many produced positive cultures of the allied organism, Haemophilus influenzae which is not usually considered to be a serious pathogenic organism. It would appear that the frequent finding of this organism was due to it being a secondary infector following the primary infection of whooping cough.

Age and sex distribution

There was no significant sex difference in the incidence of cases. Most of the persons affected were children under the age of ten.

WHOOPING COUGH
Age and sex Distribution of Cases

	Males	Females	Total
Under 12 months	196	198	394
1 year	182	181	363
2 years	175	172	347
3 years	118	117	235
4 years	110	109	219
5-9 years	208	253	461
10-14 years	18	27	45
15 years and over	11	9	20
	1,018	1,066	2,084

Cases of Whooping cough removed to hospital

Hospital removals

Cases notified	Notified cases removed to hospital	Cases removed to hospital stated to be whooping cough but not notified	Total cases	Total corrected after final diagnosis
1,762	83	334	2,096	2,082

A total of 1,762 cases were notified to the department and of these 83 were sufficiently serious to need admission to hospital. In addition a further 334 cases came to the notice of the department by appearing as cases of whooping cough on the ambulance admission sheets. On enquiry it was found that fourteen cases were incorrectly diagnosed. There is a final corrected total of 2,082.

Immunisation state of cases

It would have been desirable to examine the immunisation state of all the cases of whooping cough coming to the notice of the department but owing to staff shortage this could not be done in time for the printing of the annual report. As an alternative a random sample of 571 notified cases was examined, of these 542 had not been immunised against whooping cough at all and 29 had received a primary course but no booster dose.

The time interval between the completion of a primary course of

immunisation and the onset of the disease in these 29 cases was examined. Conclusions based on such small numbers must be viewed with caution but they do suggest that the waning of immunity with the lapse of time was not the important factor accounting for the disease occurring after immunisation in these cases.

The analysis of these cases is given in the tables below:—

Immunisation state of cases in the Sample

	Hospital cases	Home cases	
Never immunised	291	251	542
Primary course only	5	24	29
Primary and booster course ...	—	—	—
Incomplete primary course ...	—	—	—
Totals	296	275	571

Time elapse from primary immunisation to onset

	Time interval in years						
	1	2	3	4	5	6	total
Number of cases	5	1	4	11	7	1	29

These results suggest that it is primary immunisation that is important rather than the maintenance of the level of immunity by a subsequent booster dose in the prevention of whooping cough.

Dysentery.

Incidence

Over a period of several years fluctuations in the level of notifications of dysentery occur of a size that would swamp an increase of 114 in any one year. The level at present is low and the rise from 296 to 1962 to 383 in 1963, although a high proportion seen from one year to the next, is of no great significance seen in true perspective.

Notified cases of dysentry

1954	494
1955	920
1956	269
1957	484
1958	931
1959	407
1960	515
1961	335
1962	296
1963	383

Liaison with hospitals and general practitioners

In each case notified to the department an effort is made to establish a bacteriological diagnosis at the first opportunity. As a result of daily personal contact between the Health Department and the general practitioners treating the cases, more and more is the problem of the early administration of antibiotics interfering with bacteriological diagnosis being avoided. Increasing numbers of practitioners are now, wherever possible, attempting to obtain specimens before antibiotics or chemotherapy are given. This means an avoidance of many days delay for it is useless to attempt a bacteriological diagnosis during the course of treatment. In every case where a positive bacteriological diagnosis is made, repeated follow-up is carried out until the case is negative, that is when at least three specimens at a week's interval are negative. The practice of declaring a case clear after three successive negatives a day apart has now been recognised to give many false results and it is now practically no longer carried out in Liverpool.

Epidemiological Investigations

Detailed follow-up and visiting by assistant medical officers of the department is concentrated on cases of special risk; for example, young children in nurseries, attending school, food handlers, handicapped persons, including those who are mentally retarded and patients awaiting hospital admission, particularly for operations or for midwifery. As a result of intensive efforts on the receipt of each notification, the spread of the disease has been limited and most of the notified cases are either isolated or restricted to the immediate family circle.

Institutional Outbreak

Towards the end of the year, a very small outbreak of Sonne dysentery occurred within the Part III accommodation at Lower Breck Road. At the time 92 persons were resident in the unit comprising 22 families, including 70 children and 22 adults.

The infection was found to have spread through the whole unit by the time it had become apparent, and had been reported to the health department. This is exactly what would be expected since the whole unit shared communal feeding, washing and toilet provision and so the disease behaved as it would in a single family.

There were altogether twelve cases and seven carriers. These occurred in nine out of the 22 families. As it would have been clearly impracticable to isolate the positive excretors the reverse policy was pursued of providing separate facilities for those families in whom there were either no persons affected with diarrhoea or infected without symptoms. Strict enforcement of the principles of hygiene in hand washing after the toilet followed by disinfectant rinsing, attention to general cleanliness, particularly the enforcement of the rule that no food should be taken into the individual rooms quickly limited the outbreak. For a short time following the outbreak many of the families who had either been themselves previously affected or had been in close contact with infected ones were rather over anxious if any of their children developed loose motions or abdominal pains. Consequently there was a tendency for children over-readily to be admitted to hospital and subsequently to prove to be suffering from the minor gastro-intestinal disturbances that affect children.

Initially, there was some slight resistance to the measures introduced. However, following personal explanations by the doctors dealing with the outbreak, coupled with the parents seeing the children quickly returning from hospital fit and well, eventually complete co-operation was obtained. The importance of rigid adherance to the restrictions imposed and their value was well proven in that the outbreak was readily contained and within six weeks, the restrictions could be lifted and the daily routine return to normal.

Paratyphoid.

Eight cases of paratyphoid 'B' were reported during the year. Of these, six were of the phage type Battersea and the other two were untypable.

Phage type Battersea cases

These six cases formed part of a small outbreak of such infection occurring throughout the Merseyside area. Others occurred in the Birkenhead, Wallasey and Kirkby areas, apparently unrelated to one another. They spread over the period from June to September.

Case number 1.

This occurred in a toddler of seventeen months of age living with his mother and father in Everton. He had an acute onset of vomiting and diarrhoea with abdominal pain and passage of mucus, complained of dizziness, and was found to have a slightly raised temperature. This lasted over a period of one week. He had not eaten a wide variety of food nor had he eaten away from home. Investigation of all the foodstuffs available in the house gave negative results and there were no foodstuffs from the same shared source as subsequent cases. He was not unduly ill and made rapid uneventful recovery. Neither the mother nor father were affected.

Cases 2 *and* 3.

These were sisters aged three and five resident in the Part III accommodation at Lower Breck Road. They were only mildly affected but remained chronic carriers for three months. All their foodstuff had been prepared on the premises and shared by other persons staying in the reception centre. An extensive investigation of these other persons was carried out and no other person was found to be infected by Salmonella paratyphi 'B', although a silent carrier of Salmonella typhi murium was found. None of the foodstuffs sampled was infected.

Case number 4.

This was a man aged 46 years living with his wife in Wavertree and working in a Birkenhead hospital. He had been a long-standing sufferer with peptic ulceration which had required operation. His illness came on slowly and insiduously with diarrhoea followed by vomiting and a raised temperature. It was first attributed to an excacerbation of his symptoms of peptic ulceration and it was not before a week had elapsed that he was aware he was suffering from another illness. He had eaten a wide variety of foodstuffs including a large selection of more exotic preparations such as shrimps, shellfish and delicatessen products. All his available foods were sampled but no organisms were found. Most of his unusual foodstuffs had not been bought loose but had been bought in tins imported from abroad. It was two months before he ceased to excrete the Salmonella paratyphi organism but as far as could be told he was symptom free within a week. In his case it was rather difficult to differentiate between the symptoms due to his long standing peptic ulceration and those due to his Salmonella infection. There was no obvious connection with any of the other persons previously affected.

Case number 5.

This was a woman of 68 years living in Woolton and working in a canteen. Her duties were largely supervisory but she did handle certain foodstuffs and take part in the preparation of meals. A full investigation of the canteen staff and the food prepared in the canteen was completely negative. As happened in the other cases she had very mild symptoms, in her case diarrhoea only, and again her carrier state following the illness took three months to clear up.

Case number 6.

This was a young man, aged twenty, living in Everton, who worked in a food premises in Kirkby. He was very mildly affected with diarrhoea and nausea but no vomiting and his case cleared up quickly and uneventfully. He was not left in the carrier state.

It would not appear that a common source of foodstuffs might have accounted for all of these cases over the Merseyside area and, therefore, the results of all the investigations in Liverpool and the surrounding areas were pooled in an attempt to see if there was any common factor. Unfortunately although very many articles of food were investigated there was not a single isolation from foodstuffs of this particular organism. However, it was noticed that salad vegetables had been eaten by most of the cases and some of these could be traced to areas of supply where sewage sludge from the Formby area had been delivered. One sample of this sludge, on examination, produced the same Salmonella paratyphi 'B' phage type Battersea. It was noticed that the boxes containing salad vegetables going to market were frequently contaminated with the soil on which the vegetables were grown and would subsequently become interchanged between one producer and another. Each producer did not always have returned from market the particular boxes he himself sent. Contamination of these boxes was considered a possibility which might explain channel spread of this infection but unfortunately no bacteriological evidence was forthcoming.

Untypable cases

Case number 1.

This was a young man of 21 years living in Abercromby employed as a driver. He was taken ill early in September with marked lower abdominal pain, looseness of his motions and blood in his stools. This lasted five days and cleared up quite uneventfully. On examination it was found that he was infected by Salmonella paratyphi 'B' of an untypable

strain. From the nature of his work he ate food obtained in a wide variety of places whilst at home he ate the same food as three other members of the family who were unaffected. There appears to be no connection with a subsequent case infected by Salmonella 'B' of untypable strain.

Case number 2.

This was a child of three who was taken ill towards the end of November who lived in Norris Green and attended a nursery school. He complained of abdominal pain and diarrhoea and passed a little blood in his motion for one day. His symptoms cleared up very quickly under treatment and by early December he was free from infection. His mother, father and older brother and sister were not affected nor were any persons in the nursery school. He ate no food that was shared by either his family or the other children in the nursery. There appears to be no relationship between this case and the last.

All these cases of paratyphoid would appear to be sporadic cases such as are well known to occur from time to time and bear no precise epidemiological pattern. They were all very mild in nature and apart from the rather more prolonged period of excretion of the organism after recovery bore little difference from the other Salmonella infections.

Acute Anterior Poliomyelitis.

Incidence

Only one case of poliomyelitis occurred during the year. Unlike the practice in the notification of the less serious diseases it is highly unlikely that any case of poliomyelitis would not be notified and so this should represent the true incidence of the disease in Liverpool.

Clinical course

The disease occurred at the end of February in a girl aged 14, who lived in the Scotland Road area and attended a local school. She had symptoms of upper respiratory tract infection for a week for which she was given penicillin tablets by her doctor. She then developed severe headache, neck stiffness and pain in the jaw. Within the next day she developed paralysis of the legs and diaphragm, and was admitted to hospital where she made a slow but uneventful recovery.

Virus investigation of case

A series of examinations of faecal specimens was carried out but no pathological virus, either of poliomyelitis or Echo 3 type was isolated.

For the week preceding the onset of the disease the child had made very few contacts outside her family circle of mother, father, sister and two

brothers who were aged seven, seven and eleven, respectively and who attended the same school. None of the contacts had suffered any symptoms of illness of any kind over the previous month.

Virus investigation of contacts

A virological investigation was carried out of the family contacts as well as the child affected. No poliomyelitis viruses either of wild or vaccine strain were isolated, but from her seven-year-old sister with whom she shared her bedroom an Echo Virus type 3 was isolated. This child had not suffered any symptoms, had no neurological signs on medical examination and subsequently did not develop any. In other words she was a silent carrier.

Control measures

The other children in the family were isolated at home and all the family and school contacts were kept under observation for three weeks. All of these contacts were given oral trivalent poliomyelitis vaccine as soon as they had produced their specimens for virological examination. This was necessary as the presence of oral vaccine viruses would have made it very difficult indeed if not quite impossible to isolate any pathogens and were a polio type virus isolated its identification whether from vaccine or wild strain would have involved great difficulty and prolonged laboratory work.

Vaccination state

The affected child had been immunised during the 1961 polio campaign by mobile van with three doses of Salk type vaccine. Her sister and the elder brother were immunised at the same time but her parents were not included being over forty. The young brother had not been immunised either. Subsequently the whole family were given full courses of oral vaccine.

Secondary cases

A careful watch was kept for the occurrence of any further cases that might be either poliomyelitis or Echo Virus infection.

No cases were found.

Enterovirus Survey.

Selection of cases

The survey of infants for the detection of carriers of enteroviruses which was started in 1962 in co-operation with the Virus Routine Laboratory of the Public Health Laboratory Service was continued through the whole of 1963. Two or three families were examined each week making a total of 141 specimens. The technique that was employed was to take at random from the birth register the name of a child and elicit the co-operation of the family. A detailed history of previous immunisations was taken and any

Family enquiries

symptoms that might indicate enterovirus disease in any member of the family were investigated, with full neurological examination where these symptoms suggested any possibility of infection. A faecal specimen was collected from the selected child with particular attention to the avoidance of any delay in delivering it to the laboratory. When any cytopathic changes in the tissue culture were observed the laboratory contacted the department by telephone so that further specimens could be collected from the other members of the family. These specimens were then kept in deep freeze at a specially lower temperature than the normal setting, approximately -20° C to -60° C. If on final completion of the virological examination it proved that the cytopathological changes were not due to a pathogen then the specimens were discarded and no tissue cultures were wasted. On the other hand if a pathogen should be isolated then the specimens would be available from the rest of the family taken nearer in time to the original survey one.

Storage of specimens

Investigation of positives

From a total of 141 specimens examined sixteen enteroviruses were isolated. The details of the positive isolations are given in the table below:—

Enterovirus Survey

Positive isolations

Echo virus type 2—13	1
,, 14	2
Adenovirus type 2	1
Echo virus 14 with Coxsackie virus type A	1
Coxsackie virus type A	3
Coxsackie virus type B.2	1
,, B.3	2
,, B.5	1
Poliovirus type 2	1
,, 3	3
	16

In no case, where a positive isolation was obtained, was there any history of illness in the child or its family nor were there any abnormal physical signs found on examination. They were true silent carriers.

Diphtheria.

Incidence

Several cases of suspected diphtheria were notified during the year. Fortunately only three of these proved to be virulent diphtheria.

The first case reported was in January, the second in February and the third in July. They occurred in different areas of the town and were in no way related to one another. **Case distribution**

Case number 1.

This was a schoolgirl of nine years of age living in Everton and attending a local school. She was one of a large family living under crowded conditions with a mother of 28, a father of 32, a maternal grandmother of 60 and five siblings whose ages ranged 7, 5, 4, 2 years and 9 months. Despite the crowding and the circumstance that not one of the family had been immunised there were no secondary cases in the household, nor was any carrier found. **Case details** **Family** **Not immunised**

The organism isolated from this girl was Corynebacterium diphtheriae gravis which was found in her throat swab. Even though virulence testing showed that this was a genuinely virulent strain her illness was only quite mild, little more than a slight tonsillitis with some soreness of the throat and pain on swallowing. **Strain**

As well as investigating the family contacts the school contacts were examined. No children or staff were found to have had recent sore throats, and the swabs of the class contacts were negative. **No carriers**

The illness of their daughter from diphtheria convinced the parents of the need for having the rest of the family immunised. All the children were given a course of triple antigen. **Immunisation**

Case number 2.

This was a boy of pre school age, $4\frac{1}{2}$ years, living in Norris Green. He lived entirely at home and did not attend either a day nursery or a school nursery. He was one of a small family comprising his mother aged 25, his father aged 27, his sister aged 3 and a baby sister aged one year and nine months. **Case details** **Family**

The organism isolated was a Corynebacterium diphtheriae gravis of confirmed virulence. The illness presented as a sore throat with swelling of the glands of the neck in a rather fretful child, coming on insidiously over a period of three or four days. The progress of the disease was uneventful and cleared up quickly without leaving the child in a carrier state. **Strain-Clinical picture**

The family contacts were all investigated, not one of them had suffered any illness over the previous month or so, not one had any symptoms of sore **No carriers**

throat or signs of tonsillitis and all their nose and throat swabs were negative.

There was no connection at all either directly or indirectly with the previous case.

Case number 3.

Case details—family

This was a schoolboy aged 8 living in Everton and attending a local school. He was one of a family of six; a father of 31, a mother of 28, and three siblings aged 11, 10 and 9. The parents and the child affected had not been immunised but the other children had.

Immunisation state-clinical picture

The illness started as a slight sore throat, too mild to cause the parents to call their doctor, which cleared up in five days without any treatment. On the sixth day the child became ill once more with congestion of the conjunctivae and a blocked nose. It was only then that it was realised that he was suffering from diphtheria and he was admitted to hospital where he made an uneventful recovery.

Strain

Although he was obviously suffering from an infection of the nose, his nose swab was negative but Corynebacterium diphtheriae gravis was isolated from his throat; on testing this was found to be a virulent strain.

Investigation of contacts

All the family contacts were examined and swabbed. None of them had signs or symptoms or a history of recent infection. No diphtheria organisms were found but in the instance of his mother, one brother and his sister heavy growths of Staphylococcus pyogenes and in the instance of his other brother a heavy growth of Streptococcus haemolyticus were obtained from their nose swabs. No carriers were found among the school contacts.

Need for immunisation

The occurrence of three cases of diphtheria caused by gravis strains of proven virulence, although their outcome was not serious does highlight the need for constant vigilance. The fact that all three cases were in children who had not been immunised also teaches a lesson that the decrease in diphtheria in recent years is no reason for a slackening off of immunisation.

Food Poisoning.

Salmonella oranienberg

A short sharp outbreak of diarrhoea and vomiting affecting ten employees of a sugar factory occurred early in the year. This was thought at first to be associated with a Boxing Day dinner, and later a New Year party, but

investigations showed that these two incidents were in no way connected. Persons were affected who took no part in these. Although the source of origin of the organism was not identified bacteriologically the epidemiological evidence suggested very strongly that the glue used in sealing sugar packets might have been responsible. All the persons affected were workpeople associated with either one particular packing machine or one particular sink. In the former group, the persons affected shared a communal bucket for washing their hands. This bucket was provided for washing down glue spillage on the machine. Their irregular practice in using this saved them the journey of walking to the sink, which was provided for hand washing at the end of a large room, while the nearby sink they should have been using was being repaired. The second group were associated with the sink which was being repaired and included a plumber who had worked on the waste pipe. As soon as this possible chain of infection had been explained to those working in the section and the correct hand-washing drill was reinstated, no other cases occurred. The clinical picture of the outbreak was one of a mild gastro-enteritis. All the cases were both clinically and bacteriologically clear within three weeks. No one outside the factory was affected.

Salmonella brandenberg outbreak

This outbreak occurred in a group of patients in the orthopaedic ward of a general hospital. The chain of events appeared to have been that one of the visitors had been infected from sausage. He had carried the infection into the hospital which spread between the patients by a tin of biscuits which he handed round between those affected. Direct bacteriological evidence from the sausage and biscuits was not available as they had been eaten. The organism was subsequently isolated from sausage of the same brand as that supplied to the visitor who was thought to have introduced the infection. This visitor, on bacteriological examination was found to be free from infection, but he had recently had an attack of diarrhoea at the time when he had introduced the biscuits to the hospital ward. Investigation of the infected sausage and its source of supply showed this to be an isolated incident of infection and no food handlers in the processing were found to be carriers. The infection was a mild gastro-enteritis and was soon limited. Two nurses on the ward concerned had minor diarrhoeal upsets but no pathogenic organisms were isolated in their cases.

Isolated incidents

There were no further outbreaks of food poisoning. Each further case

reported was an individual case. A table giving the organisms found in the notified cases is listed below:—

Organism	Number of Persons from whom Organism was isolated
Salmonella brandenberg	6
,, enteritides	1
,, heidelberg	1
,, nagoya	1
,, newport	2
,, oranienberg	1
,, singapore	1
,, thompson	8
,, typhimurium	28
,, worthington	1
Staphylococcus pyogenes	13
	63

Typhus.

An isolated case of murine typhus was reported from Sefton General Hospital. This was a case in a soldier who had just come back from the Far East, in whom the infection probably occurred during a period of jungle training just before he left Singapore. The diagnosis had been made retrospectively as the result of laboratory tests and when reported he had already been treated with tetracycline for the past five days. He had no symptoms at all from the first day of treatment. The Army authorities were notified so that they could follow up any contacts although it seemed unlikely that there would be much difficulty on this score, as this appeared to be of a flea-borne type not louse-borne.

Anthrax.

Case history

A single case of anthrax was reported in September. This was a man aged 61 living in Toxteth who worked on unloading at Queen's Dock. He was taken ill at work and his supervisor noticed he had what looked like a pimple on the side of his neck just below his chin with some underlying swelling. He

thought he had nicked the skin at the site with his razor while shaving. He was admitted to hospital where cutaneous anthrax was diagnosed. He made a rapid and uneventful recovery.

There were no other cases either in his family or among his workmates. During the week prior to his illness he had worked on two ships, one with infected sheep wool and the other with wet hides. He had carried the wet hides on his shoulder and it seems probable that this was the source of the infection which entered through the tiny cut produced while shaving. **Investigations**

Influenza.

The influenza "spotting" scheme was put into operation during the winter months. A small number of isolated cases of influenza occurred but there was no epidemic outbreak.

IMMUNISATION AND VACCINATION

Diptheria Immunisation

The number of persons receiving a primary course of diphtheria immunisation in 1963 was 10,024. Of these, 5,263 were immunised in maternity and child welfare clinics, 1,362 in schools and 3,399 by general practitioners in their surgeries or in the home of the patient. This shows no appreciable change from the figures for last year. Although there was little improvement in primary immunisation compared with 1962, the booster immunisation position was better. The steady increase in numbers immunised has continued, from 3,696 in 1951, 5,389 in 1962, to 5,565 in 1963. There has been a general increase in the numbers carried out in maternity and child welfare clinics, by general practitioners and in schools. Of the total, 4,115 were given in schools by a team of doctor, nurse and clerical assistant, concentrating on this work going from school to school. Towards the end of the year, in addition to these special visits, immunisation has been offered at school medical inspections and school medical officers have been carrying out the necessary immunisations on the spot. This has the advantage that the immunisation is carried out while the matter is fresh in the mind of the parent. The first immunisation sessions to be carried out in this way started on November 25th. By the end of the year 114 booster doses were given and 44 primary courses were started. Thus the effect of this new development has not yet been felt. On the whole where children were not immunised, it was found not so much that a lack of acceptance of the need was the cause but that the necessary effort, to take the child to the doctor, the clinic, or even to complete and return the form issued from school, was too much.

Whooping Couth Immunisation

The pattern of whooping cough immunisation has followed closely that of immunisation against diphtheria, due to the practically universal use of combined diphtheria, whooping cough and tetanus vaccine, for infants and pre-school children. The total number immunised with a primary course was 8,564, a number very slightly lower than the number for last year which was 8,848. Although whooping cough booster doses are not usually given after the age of five years, the number given during 1963 was 1,253. This was considerably less than the number for the year previous, 2,166. The main reason for this decrease would appear to be the effect of the epidemic of whooping cough which spread over several months of the year, during which time few booster doses were given.

Combined immunisation with triple vaccine is now well established, and in addition when booster doses are given, it is now standard practice to administer a booster dose of tetanus toxoid in the combined form of diphtheria tetanus prophylactic. During the year a total of 8,767 persons received a primary course of tetanus immunisation. This number fell little short of

the total number of immunisations with diphtheria and whooping cough. If the present trend continues, individual immunisation with single antigens will practically disappear in Liverpool except for the immunisation specifically against tetanus where in the past this has not been carried out.

Tetanus Immunisation

Tetanus Register

The Tetanus register has been maintained and as reported last year Alder Hey Children's Hospital and Liverpool Children's Hospital, Myrtle Street, have made no further progress in their intended duplicate register to be kept at the hospital. During the year, few calls have been made on the Register, far from full use is yet being made of what could be a very useful source of immunological information. On the other hand, a growing practice is springing up whereby in hospital and in general practice every opportunity is being taken to complete a course of immunisation against tetanus for children who present themselves in circumstances where tetanus immunisation of passive type with anti-tetanus serum is required. More and more children are now receiving a follow-up course of permanent active immunisation against tetanus after receiving their initial dose of anti-tetanus serum. Consequently the use of anti-tetanus serum and the untoward reactions associated with its use are becoming less and less throughout Liverpool.

Smallpox Vaccinations

The setbacks to infant vaccination reported last year have continued to produce their effect during 1963. Both in clinics and in general practitioners' surgeries, the number of routine infant vaccinations has dwindled to a mere fraction of previous numbers. From 18,916 in 1962, they have dropped to 1,795 in 1963. 1962 reached a higher level than previous years due to the anxiety caused by cases of smallpox arriving in this country from Pakistan. On the other hand, in 1960 and 1961 the levels, unaffected by this factor, were 6,823 and 6,808 respectively. It is quite clear that the policy of recommending vaccination to be done, preferably in the second year of life has so far led to a marked reduction in the numbers vaccinated. Those mothers who would have brought their babies for vaccination during the first year and more particularly during the early months appear to be no longer willing when the child has reached the second year. At this age, the children are less manageable and the habit of attending doctors and health visitors at the clinic has waned. During the early period of the life of her child a mother is anxious to receive advice and receptive of the need for vaccination. As children grow older, an independence of the need for advice from clinics and practitioners develops and with less frequent clinic

attendances, so the chance that the mother will bring her child to be vaccinated, decreases.

Vaccinations for International travel

The number of vaccinations for purposes of travelling abroad decreased from 7,445 to 2,219 between 1962 and 1963. This change is due to two factors, one, variation in the demands at foreign ports on the requirements of travellers entering them, and secondly a decrease in the number of persons requesting vaccination, over and above the requirements for International Vaccination Certificates.

Poliomyelitis Immunisation

With the major poliomyelitis immunisation campaign successfully completed, the number of persons immunised during the year represents the steady level of maintenance of the immunisation state of the community. During the course of 1963, only 6,041 primary courses were completed and 1,002 booster doses. This is far below the level which can be accepted as satisfactory, and an increased effort is needed to persuade mothers to have their babies immunised against poliomyelitis whether they attend clinics or their family doctors' surgeries. In addition new approaches to the organisation of poliomyelitis immunisation have had to be explored. Sabin vaccine has entirely replaced the Salk type and it is no longer found that persons express a preference for an injection. With the ease of administration of oral vaccine it is now no longer necessary for a child to be taken to a doctor at the surgery or at the clinic to receive an injection. In those cases where the vaccine is not being given because of the inability of the parent or because the parent has failed to make the necessary effort to take the child to the doctor or to the clinic, the health visitor visiting the family is now in a position to take the vaccine to the home. Equipped with a thermo-insulated container of polystyrene, a supply of sugar lumps and a supply of vaccine a single health visitor can issue very many doses of vaccine during the course of her rounds. This will ensure the protection of many children, who otherwise would not have so benefited. Care has to be taken in the occasional instance that the visit of a health visitor with the vaccine is not made a reason for the mother failing to attend a clinic for another reason than immunisation which, although not apparent to the mother would be necessary for the welfare of her child. This problem has been anticipated and dealt with accordingly. This new technique of administration of vaccine by health visitors on their rounds was introduced in November and therefore its effect will not be reflected in this year's figures. It will be limited by the shortage of available time in the health visitor's programme but, if an effort

is made, and no health visitor leaves a home in which a child should be immunised against poliomyelitis without having given the necessary dose on a sugar lump, a big improvement should be seen in the level of community protection.

Yellow Fever Clinic

A total of 9,213 persons attended the Hatton Garden Clinic held each afternoon for the purpose of vaccinations and immunisations for international travel. Of these, 4,378 were immunised against yellow fever, 2,219 against smallpox, 1,313 against typhoid, paratyphoid 'A' and 'B' and 1,303 against cholera. Invariably, ships' crews are required to attend the clinic in Hatton Garden but where difficulties would be encountered resulting in delaying of shipping in the port, a team of doctors and nurses visited the ship and immunisations and vaccinations were carried out on board. This practice was made the exception rather than the rule, because regard had to be given to the difficulty of maintaining adequate asepsis on ships. A total of 2,088 yellow fever inoculations were carried out on 50 ships.

CONTROL OF RADIATION HAZARDS

Radioactive Substances Act, 1960

The Radioactive Substances Act, 1960, came into operation on 1st December, 1963, and from that date all users of radioactive substances have been required to register under Section 1 of the Act. Certificates of Registration are issued by the Minister of Housing and Local Government. These specify the details of the radioactive substances which are permitted, with their quantities and the conditions under which they may be used. A copy of each certificate of registration is supplied to the local authority in whose area the radioactive substance is to be used.

Preparatory Work

For several months prior to the date of implementation of the Act, a great deal of preparatory work was necessary to ensure that the conditions under which radioactive substances were to be used would prove satisfactory to the Ministry of Housing and Local Government, the Factories Department of the Ministry of Labour and the Local Authority. In order to ensure smooth working from the operative date of the Act, the Ministry of Housing and Local Government adopted the practice of sending copies of certificates in advance of the appointed day. This proved to be extremely helpful and completely avoided a "snowball" of work at the last minute.

Nature of Applications

Certificates in respect of seven intending or existing users were received. In each case the premises were inspected, the intended users interviewed and the public health aspects of possible radiation hazards with the necessary control measures were discussed. Close liaison with the Factories Department and the Fire Service was maintained, so that the possibility of apparently contradictory advice being given by different persons was completely avoided; furthermore the exchange of information with the ensuing personal contact and discussion, ensured that a high standard of safety was achieved with the minimum of interference with the industrial processes being carried out.

In addition to the registered users, many persons enquired whether the provisions of the Act would apply in their particular circumstances. Some were reassured to find that in their instances exemptions existed, while others found that the necessary conditions to be observed for health and safety would prove to be impracticable and the intention to use radioactive materials was abandoned. One user of a large gamma ray source discontinued its use and removed it to another district, where adequate standards of health and safety could more easily be maintained.

Capabilities of Users

A very wide range of educational background and practical training in the safe handling of radioactive materials was met among the various applicants. At one extreme were University teachers with daily familiarity with the problems. At the other extreme there was one instance of a workman with a very modest general education, and no education in basic physics whatsoever, who was expected to use a gamma ray cylinder gauge after only a few minutes' instruction from his foreman, who, no better educated himself, had received his training in a similar way from a visiting representative of the firm supplying the source. These two persons were very concerned at their lack of understanding of the possible risks involved, and this was aggravated in one instance when the man developed an anaemia which he immediately attributed to his work with a radioactive substance. Fortunately, investigation proved that his condition was not caused by, or in any way associated with his work, in spite of the fact that adequate precautions were not being taken. In this instance it was not easy to impress upon both the employees and their employer the need to adhere strictly to the precautions advised, but with the help of the Factory Inspectorate and by dint of persistence a satisfactory standard was reached, and eventually the need for this was accepted both by the users and their employer.

Adequacy of Restrictions imposed by Certificates of Registration

In most cases, the certificates of registration imposed restrictions which were adequate to ensure an absence of health hazards and a good standard of safety without interfering with the adequate use of the particular source envisaged. In one instance, however, it was recommended that an amendment should be made in the certificate to the effect that when the source, in this case a gamma emitter of considerable size with an appreciable external hazard was no longer required, or its activity had deteriorated to the extent that it was no longer usable, then it should be returned to the Atomic Energy Authority or alternative supplier for disposal. This would ensure that the source should not remain in the works longer than absolutely necessary, and would in no way interfere with the efficiency of the processes being carried out.

Interim Consent

In two instances, final certificates were not granted. In the first, the source was a thallium 204 coated disc, enclosed in perspex shuttering for use as a beta back scatter gauge. The external appearance suggested that it would be of the order of five to ten millicuries and that with an original date of issue of 1955 and a half-life of 3·9 years, its current value was only some quarter of this. Although this was reassuring, it is nevertheless not a desirable state of affairs that accurate information is not available concerning the size or exact nature of such a source and the type of radiation. This is a state of affairs that registration under the Radioactive Substances Act

should shortly terminate. To avoid unnecessary difficulties an interim draft certificate was issued. In the second instance, the proposed user was in possession of a certificate but, nevertheless, had not decided on the source that was to be used or even on whether the process was going to be adopted in which it was necessary to use a radioactive gauge. The certificate issued related to one suitable method which might be employed in the particular process for which the application was made and enabled the manufacturer to proceed if he so desired with installing a radioactive process within the conditions laid down in the certificate. This is a procedure which does not recommend itself to ease of operation of health and safety control, particularly as, in this instance, the delay in installing the new process was due to the lack of understanding of the handling of radioactive gauge techniques by the particular manufacturer. Whereas it is understood that this eventuality is bound to arise on occasion, this is a procedure which clearly is best kept to a minimum.

Details of Sources

Details of the sealed sources at present registered are set out in the table below:—

Name of Source	Size of Source	Type of Emission			
		Neutron	Alpha	Beta	Gamma
Strontium 90	16@20 mc. = 320 mc. 6@15 mc. = 90 mc. 5@ 5 mc. = 25 mc. 17@ 2 mc. = 34 mc. Total 469 mc.			x	
Thallium 204	24 mc.			x	
Iridium 192	500 mc.				x
Thulium 170	300 mc.				x
Thallium 204	20 mc.			x	
Strontium 90	55 mc.			x	
Thallium 204	*Not known			x	
Caesium 137	100 c.				x
Beryllium/Radium 226...	1 c....	x			
Beryllium/Polonium 210	100 mc.	x			

* subsequently determined - 30 mc

TUBERCULOSIS

Incidence rate

There was a further reduction in the year in the number of new cases found. A total of 434 was discovered consisting of 391 pulmonary and 43 non-pulmonary. This is a reduction of 44 on 1962 and gives an incidence rate of 0·53 per 1,000 for cases of pulmonary tuberculosis and 0·06 per 1,000 for cases of non-pulmonary tuberculosis.

Removed from Register

During the year 857 cases were removed from the register. These included 785 pulmonary and 72 non-pulmonary, due to recovery.

Prevalence rate

At the commencement of the year, the number of cases on the register was 6,338. Of these, 5,936 were pulmonary and 402 non-pulmonary. This gave a prevalence rate per 1,000 of the population of 8·02 pulmonary and 0·54 non-pulmonary, making an over-all tuberculosis prevalence rate of 8·56 per 1,000 at mid-year.

Reservoir of Cases

The total number of cases remaining on the register at the end of the year was 5,573 comprising 5,204 pulmonary and 369 non-pulmonary, Thus, it may be seen that the over-all reservoir of cases is continuing to decrease and although the number of new cases rose slightly during 1962, it has now decreased to below the 1962 level.

Diagnosis of new cases

The number of new cases found as the result of illness was 297, that is 57 less than the previous year. The number of new cases found by examination of apparently healthy persons was 149, that is 15 more than last year. The proportion of cases detected in apparently healthy persons has remained little different from last year. The full details of the sources of detection are given in the tables in the appendix.

Age and Sex Distribution of new cases

Of the total new cases of pulmonary tuberculosis, 259 were male and 175 female. This is a percentage ratio of 59·7 per cent male to 40·3 per cent female. The bulk of cases occurred in early adult life. Details of the distribution in age groups are given in table 74 in the appendix and in the bar diagrams.

Tuberculosis Death Rate

There were 54 deaths from pulmonary and four from non-pulmonary tuberculosis in 1963, a total of 58 tuberculosis deaths. These represent rates per 1,000 population of 0·073 pulmonary, 0·005 non-pulmonary and 0·078 for all forms. The comparison is shown in the statistical tables and diagrams in the appendix.

Tuberculosis After-care and Prevention.

Work of the Tuberculosis Visitors

The number of tuberculosis visitors was reduced from eighteen to sixteen distributed between the four clinic areas. During the course of the year three new visitors were appointed to fill vacancies due to resignation or transfer to another section. The approximate case load resulting from the reduction in the number of visitors has been 33 new cases and 400 old cases per visitor. Visits have been concentrated on cases of greatest need and on re-visiting cases where housing conditions were affecting the disease or where persons were waiting either for re-housing or transfer. A greater amount of time is needed on the lesser number of cases, more attention being given to each individual problem. The benefit of this policy is shown in the reduction of tuberculosis.

Use of Section 172

During the year only one compulsory order needed to be made. This was not a new case, but a repetition of a previous order made in the case of a woman of 37, the mother of a large family whose repeated refusal to accept treatment owed its origin to anxieties over the care of her children, who although suffering an up-bringing of a problem family nature, nevertheless did not lack love and affection from their mother. In this particular case, eventually voluntary admission was achieved, and a certain measure of co-operation in treatment ensued. As a result of repeated close attention to this problem family, not one of her six children became infected from her, although for long periods she was highly infectious.

B.C.G. Vaccination in Infants

During the year B.C.G. vaccination of babies born in Sefton General hospital was recommenced after a temporary discontinuance. The number carried out was 2,309. This practice of offering B.C.G. vaccination in the new-born has also been adopted in other maternity units, with the result that the total throughout all the maternity units in the City has reached 3,543, almost double the figure for last year.

B.C.G. Vaccination of Teacher-Trainees

Students at teacher training colleges were offered B.C.G. vaccination. During the year seven were Mantoux tested; of these two had positive reactions, the five remainder were given B.C.G. vaccination.

B.C.G. Vaccination of School Children

Vaccination was offered to 11,281 school leavers and 9,591 parents signed the consent form. The number Mantoux tested in schools was 9,247 of which a total of 1,035 were positive reactors. These were X-rayed to exclude the possibility of tuberculosis. There were 8,212 negative reactors and these were offered B.C.G. vaccination; 7,462 were vaccinated.

Proportion of Positive Reactions

The proportion of positive reactions in school children fell slightly from 13·3 per cent last year to 11·2 per cent. This is the lowest since the inception of the scheme in 1954 when 34 per cent were found to be positive.

Mass Radiography.

Mr. C. C. Warmer, Organising Secretary, Liverpool Regional Hospital Board, writes:—

The Liverpool Regional Hospital Board administer the Mass Radiography Service. There is a static unit which operates at 9A, Hood Street, and two mobile units which visit industry throughout the City, in addition to covering South West Lancashire, the Wirral and South West Cheshire.

The static unit at Hood Street examines individuals from three main sources:—

(*a*) Cases referred by general practitioners mainly within the City.
(*b*) Local business firms, shops and offices.
(*c*) General public volunteers.

During 1963 this unit made 34,514 examinations of which 10,147 were referred by general practitioners.

All prospective employees of the City Nursing Service are X-rayed by the Hood Street unit before their engagement, as are candidates for employment as school teachers, and recruits to the City police force. The entry medical examination of Corporation employees now includes a chest X-ray and all these are done at Hood Street, as are the chest X-rays for Corporation superannuation medical examinations and those required for other reasons to Corporation employees.

The Mass Radiography Service co-operates to the full with the Health Department by arranging visits of the mobile units to factories and other premises when cases of tuberculosis have been discovered there.

The numbers X-rayed throughout the Regional Hospital Board's area by the mobile units in 1963 were as follows:—

No 2 Unit	...	44,474
No. 3 Unit	...	44,699

The number of cases of active pulmonary tuberculosis discovered in 1963 by the static unit at Hood Street was 74; of these, 60 were Liverpool residents. A further 28 active cases resident in the City were found by the mobile units, making a total of 88 discovered by Mass Radiography in Liverpool.

Tuberculosis Welfare

During 1963 107 cases have been the subject of reports to the National Assistance Board with a view to determining their eligibility for special rates of allowances applicable to cases of tuberculosis. The National Assistance Board constantly reviews persons in receipt of allowances and requests confirmation that the individuals are still receiving treatment or are under the supervision of the chest physician. The department co-operates to the full in this matter and supplies the Board with the information required.

Constant liaison is maintained with the Ministry of Labour in order to assist in the rehabilitation of suitable cases.

Summary of cases dealt with during the year 1963:—

A.	Total cases referred by the Ministry of Labour for rehabilitation	107
	(*a*) Examined and found fit for light, part-time or full-time employment ...	83
	(*b*) Not fit for employment	2
	(*c*) Failed to attend for examination	—
	(*d*) Certified as non-tuberculous	3
	(*e*) Cases not yet examined	19
B.	Actual numbers of patients reported by Ministry of Labour as placed in employment	29

Occupational Therapy

During 1963, twelve patients have had occupational therapy at home and seven have attended the Rumney Road Unit.

Work of the Chest Clinics.

A statistical survey of the work done during 1963 at the four chest clinics, is given in table 23 of the appendix.

The chest physicians have kindly contributed the following reports:—

Dr. F. J. Welton of the Central Chest Clinic writes:—

Although there was a further fall in the total number of new cases seen at the Central Clinic in 1963 (111 compared with 133 in 1962), the number of respiratory cases (105) included 63 who were sputum-positive on diagnosis. The total number of these proven-infectious cases discovered sheds some light on the persistent unknown pool of infection in a community, and the fact that this total of 63 new sputum-positive cases shows an increase on the similar figure for 1962 indicates that there is no evidence of any diminution in this important hidden infector-pool in the central and dockland area of

the City. It should be recalled that this clinic serves a population slightly larger than that of our neighbouring borough of Birkenhead across the Mersey, compressed into an area of only one-third of its size. While slum clearance progresses and each month sees a number of our tuberculosis patients rehoused in other parts of the City, there still persist many areas of overcrowding and squalor which favour the spread of infection. What is revealed in this figure of 63 new sputum-positive cases is only the exposed tip of the iceberg, the submerged unknown portion remains as a constant menace to adults and children alike. As recorded last year, sputum-positive men outnumbered women by more than three to one.

The number of deaths from tuberculosis as a primary cause (29) was the same as that for 1962. Advanced cases with extensive disease dying shortly after diagnosis, are still seen from time to time, but, generally speaking, it may be stated that once a case is discovered, cure is possible, providing rules of treatment are strictly kept. Further, on the notification of each new case, environmental examination is enabled to proceed, and susceptible contacts, in particular the children, protected by B.C.G. vaccination. Only those working closely with the tuberculosis visitors can realise what an arduous task is theirs, as they strive to trace sources of infection in the community, persuading adults to attend for X-ray examination, and parents to bring their children for tuberculin testing and subsequent vaccination if necessary. The fact that in 1963 the visitors paid 5,282 visits to the homes of patients speaks for itself. The number of B.C.G. vaccinations carried out at the clinic was 243, nine fewer than last year. In addition, 111 vaccinations were performed at the Maternity Hospital, Oxford Street, on babies in whom there was a family history of tuberculosis.

Since the Clinic still has a great preponderance of tuberculosis patients and relatively fewer patients with non-tuberculous chest diseases (these have traditionally gravitated to the out-patients' department of the adjacent Chest Hospital), considerable subject matter in tuberculosis is available to interest a steady stream of visitors from overseas, doctors and nurses as well as local student health visitors who year after year attend clinical sessions and are given environmental instruction in the centre of the City, visiting sites old and new and seeing the best and worst in the housing of our patients. The appreciation expressed by these visitors encourages us to continue to use these grave social liabilities as teaching assets and it is clear that in the forseeable future the pattern of tuberculosis in central Liverpool will be that of a steady

fight against an infectious disease which causes much misery and can still be lethal.

Dr. D. Osborne Hughes, of the East Liverpool Chest Clinic, writes:—

The continuing success of the campaign against tuberculosis is no longer news but in spite of progress there are indications that there is room for further improvement.

The total number of patients on our Register at the end of 1963 was 1,240, a decrease of over 300 on the 1962 figure—this represents a total including all patients suffering from tuberculosis in any form and includes, in addition to active cases, those whose disease is quiescent but still in need of supervision.

Of the new cases of pulmonary tuberculosis eleven were considered to have advanced or extensive disease (Group 3) and this type of patient is responsible for another unsatisfactory figure—namely the number of contacts found to be in need of treatment, in 1963 we had seventeen such cases—in 1958 there were seven cases diagnosed as Group 3 and twenty contacts were considered tuberculous.

Improvement in these figures must depend on earlier diagnosis: the causes of delayed diagnosis have been studied for many years and in our experience the chief cause at present is that patients do not consult their doctors promptly but tend to treat themselves, guided by advertisements in the press and on television. The blasts of pseudo-scientific clap-trap used to beguile the innocent and the ignorant can only be withstood by persons with a sound knowledge of the fundamentals of physiology and so, as in the anti-smoking campaign, the answer to the problem lies in the education of the young.

The number of B.C.G. vaccinations carried out remains steady at just under 700 per annum.

Housing for the Tuberculons

The new housing allocation scheme for the tuberculous has worked satisfactorily, a record was established during the year when a family was re-housed six weeks after the diagnosis of the positive case.

Transfers are still relatively more difficult to arrange and this is not easy to explain—we find delay occurs not only where larger accommodation is needed but also where an elderly couple whose family have left home wish to move to smaller accommodation; we have no explanation for this phenomenon which at first sight would seem to present only a minor administrative problem.

There are now four health visitors allocated to the clinic and this establishment is adequate at present.

Dr. W. D. Gray of the North Chest Clinic, writes:—

The notification of new cases of tuberculosis in the North Chest Clinic area over the last three years seems to have steadied around the 100 figure, either above or below. In 1963 there were above 103, last year it was below 97 and in 1961 it was 99. The figures indicate that the problem of tuberculosis is still very much with us and that this message should be hammered home to all branches of the Health Service. It is satisfactory to note however, that in 1963 we only had 23 persistently positive sputum cases at the end of the year as compared with 51 in 1962, and only four of these had resistant organisms. The deaths from tuberculosis were 54 in 1963, half of these being due to other causes, on the other hand we were able to remove 134 from the register as recovered so that the register is now down to 1,655 as compared with 1,757 in 1962. Total attendances for the clinic however, are slightly up on last year, 6,424 as compared to 6,412 and there is a marked increase of patients attending who are no longer on the register or who are suffering from chronic bronchitis and other chest conditions 2,142 instead of 1,461 attendances in the previous year. New contacts examined during 1963 numbered 524, of whom ten were diagnosed as having notifiable tuberculosis; this compares with the figure of five diagnosed as tuberculosis out of 742 new contacts examined in 1962. Two hundred and twenty-five children were vaccinated with B.C.G. at the Clinic, 111 at Walton Hospital, seventeen nurses at Walton and 63 University students at the University. The number of tuberculin tests performed was 655 which was a slight reduction on the previous year.

Dr. F. E. Crawley from the South Chest Clinic, writes:—

During the year the number of notifications of non-respiratory tuberculosis was sixteen compared with eighteen last year, thus continuing the trend of the past years. For the second year in succession, however, there has been a rise in the number of patients notified as suffering from pulmonary tuberculosis to 165 compared with 125 in 1963 and 97 in 1961.

Fifty-nine of these patients were sputum positive as against 30 last year and of these, six showed organisms resistant to one or more of the first line drugs as against only one last year. In addition, 33 old patients of previous years remained sputum positive and of these, fourteen were resistant to first line drugs.

The over-all picture, therefore, shows no reason for complacency and indeed some reason for concern, for there has been no change in the criteria for notification and the figures indicate an increasing incidence of disease in a more infective state and with increasing possibilities of resistance to drugs.

Nineteen patients died of pulmonary tuberculosis during the year compared with thirteen last year.

The number of patients on the register fell by 117 due to the larger number of patients removed from the register as cured and the total attendances for the year reflected, in the main, this fall.

Very few of the patients now require visiting in their homes by the medical staff and these only by special reason of age, weather or incidental illness.

Sixty per cent of the babies born in Sefton General Hospital Maternity Department were given B.C.G. vaccination at parental request.

New City housing developments are now extending beyond the City boundary and patients normally attending clinics in the City, but now rehoused in the county, are required to attend Widnes Chest Clinic and are visited by county health visitors. Their interests remain in the City and they are referred by their own doctors to the more convenient City hospitals for all their other disabilities. Many, therefore, refuse to travel at great inconvenience to Widnes and so remain, by arrangement, under the care of their old clinics but with county health visitors in attendance, to the disadvantage of all.

Staff problems have continued throughout the year due to illness, with pressure on the remaining staff, but keen interest and co-operation between health visitors and clinic staff have kept the clinic running efficiently.

Summary.

Although in 1962 there appeared to be a slight increase in tuberculosis the general trend in falling incidence of the disease has now been restored and the reservoir of infection reduced. As progress is made, the attention needed for each individual case becomes greater, as a hard core of resistance to treatment still exists. It is still too early to relax any efforts to control the disease. There is still need for constant vigilance in this field of work.

VENEREAL DISEASE

Incidence of syphilis and gonorrhoea

The slight but definite increase in gonorrhoea and syphilis which was reported last year has continued in 1963. Although predominantly a male problem, it is no longer confined to men. There has this year been a similar increase in the female incidence of these diseases which, although not quite so marked, has served to bring both male and female incidence slightly higher than the peaks of 1955, 1958 and 1960. These peaks are little more than random fluctuations of what is low incidence of the disease and they bear no comparison to the major peak in incidence seen in 1946. This may be seen clearly from the following tables which show the break-down by years and age and sex.

INCIDENCE OF GONORRHOEA (*see over*)

Age in years	1946 M	1946 F	1958 M	1958 F	1959 M	1959 F	1960 M	1960 F	1961 M	1961 F	1962 M	1962 F	1963 M	1963 F
Under 15	—	4	—	2	—	2	1	2	—	5	—	1	—	2
15–17	21	17	12	39	16	17	27	15	24	27	42	25	37	31
18–20	262	79	142	80	131	71	116	77	180	94	184	86	204	85
21–25	978	141	357	76	281	79	340	122	416	138	429	106	427	122
26–30	870	88	251	52	225	36	227	54	295	56	294	36	302	57
31–35	513	53	152	23	128	16	133	17	155	21	148	20	149	23
36–40	259	29	95	9	75	7	98	8	102	16	79	13	85	10
41–45	135	5	39	6	43	2	33	2	52	3	44	6	49	3
46 and over	74	6	41	5	41	1	38	4	49	4	42	4	64	3
Total	3,112	422	1,089	292	940	231	1,013	301	1,273	364	1,262	297	1,317	336

INCIDENCE OF SYPHILIS (*see over*)

Age in years	1946 M	1946 F	1958 M	1958 F	1959 M	1959 F	1960 M	1960 F	1961 M	1961 F	1962 M	1962 F	1963 M	1963 F
Under 15	—	2	—	—	—	—	—	—	—	—	—	—	—	—
15–17	9	15	2	—	1	—	4	—	4	—	1	—	2	—
18–20	40	71	9	1	7	3	9	—	5	—	6	1	9	3
21–25	177	111	19	2	15	4	25	1	10	2	19	3	24	2
26–30	149	57	9	1	8	—	6	—	8	—	11	3	14	4
31–35	136	41	7	3	1	—	6	—	10	1	9	—	9	2
36–40	73	23	3	—	4	—	5	—	2	1	4	1	5	—
41–45	32	5	7	—	2	—	4	—	2	—	4	—	—	1
46 and over	39	6	6	—	7	1	3	—	—	—	4	2	3	1
Total	655	331	62	7	45	8	62	1	41	4	58	10	66	13

(*see diagrams overleaf*)

INCIDENCE OF ACUTE GONORRHOEA 1944-1963

	Males	Females
1944	1,780	273
1945	2,136	416
1946	3,112	422
1947	2,575	272
1948	1,933	174
1949	1,441	159
1950	1,204	140
1951	1,240	113
1952	1,026	133
1953	910	128
1954	816	148
1955	862	287
1956	932	248
1957	1,059	241
1958	1,089	292
1959	940	237
1960	1,013	310
1961	1,273	368
1962	1,262	265
1963	1,317	344

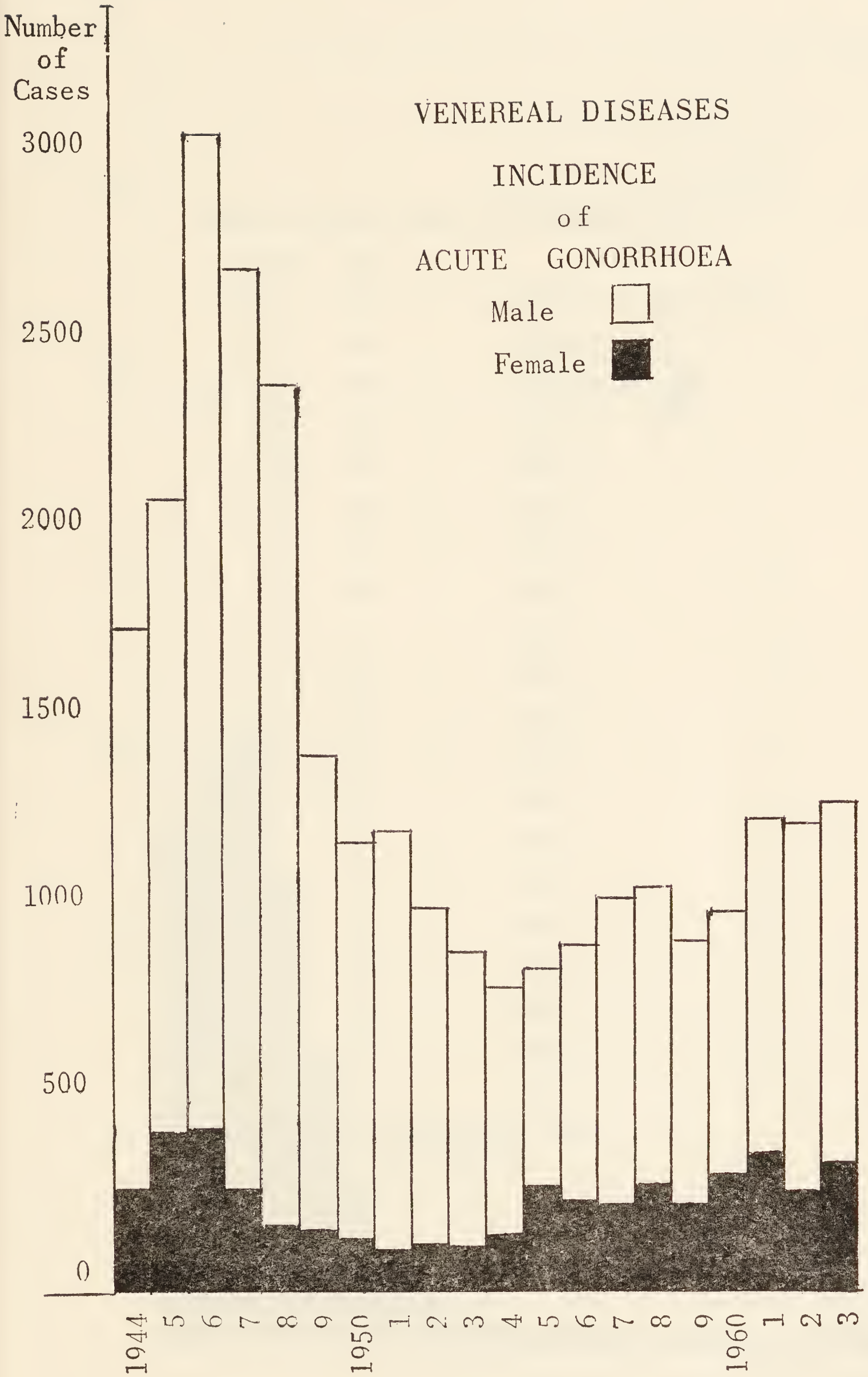
NOTE: Corresponding Histogram (Block) on opposite right hand page.

VENEREAL DISEASES

INCIDENCE of ACUTE GONORRHOEA

Male □

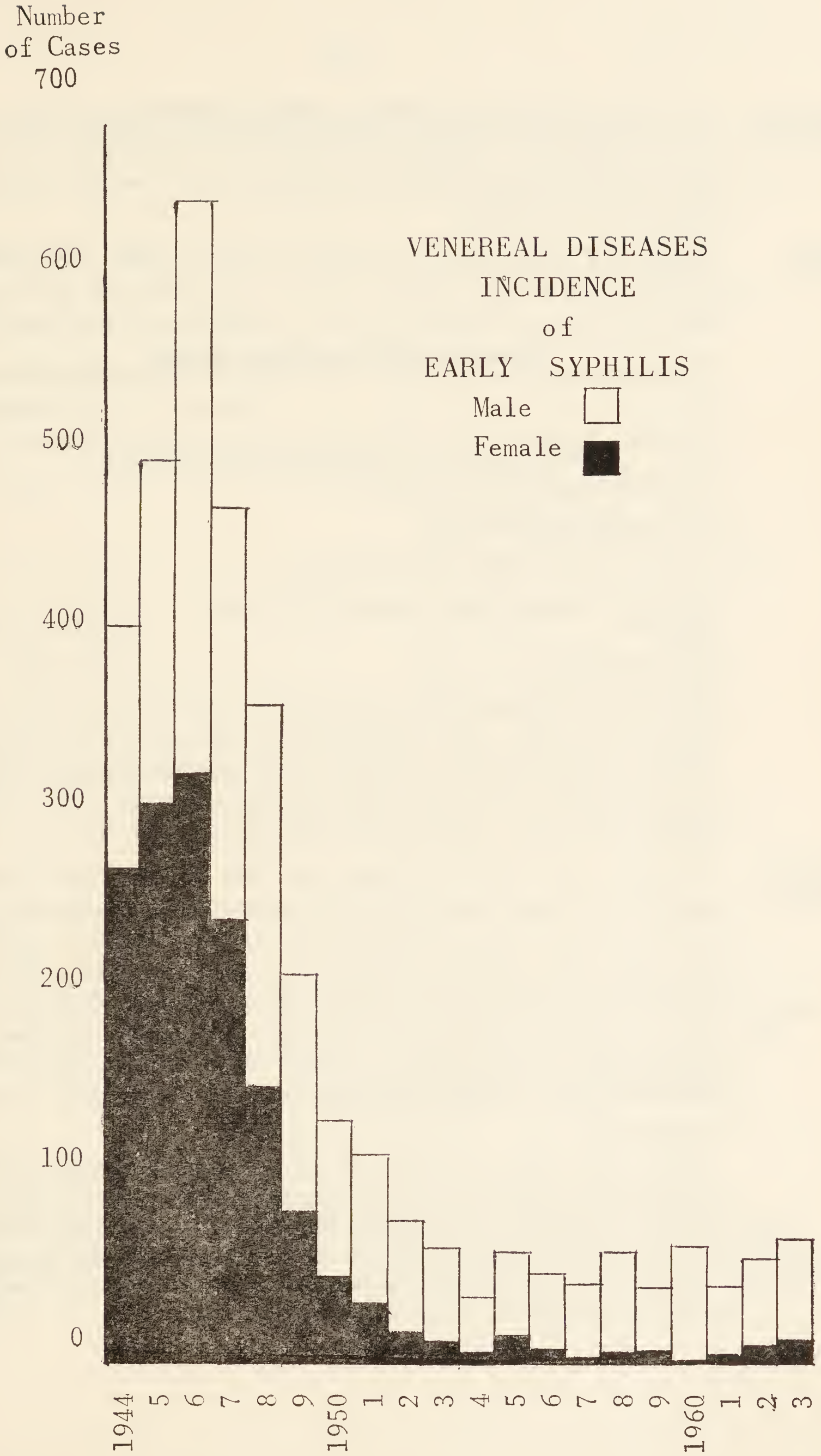
Female ■



INCIDENCE OF EARLY SYPHILIS 1944-1963

	Males	Females
1944	416	278
1945	509	315
1946	655	331
1947	481	248
1948	370	155
1949	219	85
1950	136	49
1951	118	33
1952	80	18
1953	65	13
1954	38	6
1955	62	15
1956	51	8
1957	45	3
1958	62	7
1959	44	8
1960	66	1
1961	43	4
1962	59	10
1963	70	13

NOTE: Corresponding Histogram (Block) on opposite right hand page.


Number
of Cases
700
600
500
400
300
200
100
0
VENEREAL DISEASES
INCIDENCE
of
EARLY SYPHILIS
Male
Female
1944
5
6
7
8
9
1950
1
2
3
4
5
6
7
8
9
1960
1
2
3

Increase in Gonorrhoea

The increase is, in the main, due to persons affected in young adult life and late adolescence. As previously reported, in Liverpool there is not an unduly high rate among West Indian immigrants, nor is venereal disease a problem of school children.

Contact Tracing

There are no short cuts to the control of venereal disease. The success in keeping these diseases in check is due to the patient daily hard work carried out, often in trying and unpleasant conditions, by the V.D. visitors.

VENEREAL DISEASE—CONTACT TRACING

	Females
No. of reports of alleged source of infection	26
No. of cases traced and interviewed	9
No. of cases reporting at Clinic following interview	8
No. of cases in which information was passed on to another authority	1*
No. of cases untraced	16
No. of visits carried out (home, lodging, club, etc.)	62

* This contact proved to be a pregnant patient suffering from early syphilis who had defaulted after having received inadequate treatment. As a result of notification, she was re-traced and brought again under control.

Effects of Antibiotics

The task of the visitors is not made any easier by the prevalent change in outlook of patients who are suffering from gonorrhoea. No longer is this viewed as a serious disease with dread of the incurable, but more as a minor disease often little more inconvenient than a cold in the head which will respond more readily than the common cold to a handful of tablets or a couple of injections. Under these circumstances the danger of attempted self-medication is always present. An alert watch has been kept for the possible emergence of this problem, but so far this is one which we have not had to face.

In spite of the change in attitude to treatment, once treatment has begun, this factor does not seem to have the same effect on its course as it does on willingness of persons to be treated. The default rate has remained more or less constant now for several years. All those persons who default during investigation or surveillance following treatment are written to or visited. The results obtained are shown in the following tables.

VENEREAL DISEASE—PATIENT DEFAULTERS

Defaulters

	Male	Female	Congenital	Total
No. of cases written to	1,497	747	25	2,269
No. of letters despatched	1,662	1,297	32	2,991
No. of cases reporting in response	865	420	20	1,305
No. of letters returned by Dead Letter Office ...	142	25	—	167
No. of cases traced and transferred	11	3	—	14

VENEREAL DISEASE—RESULTS OF HOME VISITS

	Male	Female	Congenital	Total
No. of cases visited	569	408	4	981
No. of visits made	1,274	1,327	24	2,625
No. of cases attending following visits	237	213	2	452
No. of cases promising to attend but failing to do so	52	40	1	93
No. of cases removed or not known at address given	131	96	—	227
No. of cases not contacted, no access, away from home, etc.	109	27	—	136
No. of cases who refused to re-attend	21	25	—	46
No. of cases removed and transferred for follow-up	17	6	1	24
No. of cases deceased	2	1	—	3

Neo-natal cases

A total of sixteen cases were referred for fuller investigation of clinical or serological findings. The end results were as follows:—

	Late latent syphilis	Congenital syphilis	Negative tests	Total
Diagnosis following investigation	1	2	13	16

Cases referred by anti-natal clinics

Six cases of gonococcae ophthalmia neonatorum were transferred from maternity units for in-patient treatment. In each case the mother also was transferred. None of these cases was a defaulting patient from a special clinic.

MENTAL HEALTH SERVICE

Introduction

The growth of the mental health service has continued and plans for its future expansion contained in the Department's "ten-year plan" submitted to the Ministry of Health show the willingness of the Health Committee to put into practice the principles on which the Mental Health Act of 1959 is based.

It will be seen, however, in the appropriate section in this report, that, in some respects, it is not yet a fully integrated service; in particular, difficulties which have always been met in the use of statutory powers for admitting patients to hospital do not seem to have been lessened by the Act, and certainly in Liverpool the intention that such powers should be used less has not yet been realised.

Probably the most important event of the year has been the start made on the scheme by which thirteen residential hostels for mentally disordered people are being provided at New Hall, Fazakerley. For nearly all local health authorities such provision is an innovation and, on the scale on which it is being realised in Liverpool, one which must give rise to problems. The keen interest, with which the completion of the plan is anticipated, is perhaps mixed with some anxiety—to mention only one point —to obtain and maintain suitable staff for such establishments will in itself be no easy task.

Though there was delay before the hostels scheme got under way, building progress has been rapid. Unfortunately, as will be seen, another important scheme which has been on the programme for several years, viz. the erection of a sheltered workshop, has not progressed so well (see page 105).

The emphasis, in the Mental Health Act, on the care of mentally disordered people living in the community is reflected in the provision made for visiting patients. Over 16,000 home visits were carried out and we can be reasonably sure that patients from any source receive attention without delay.

Staff.

At the end of the year the staff establishment for the mental health service was as follows:—

Principal Medical Officer	1
Senior Social Work Staff	9
Mental Welfare Officers (including four trainees) ...	21
Supervisory staff at training centres	45
Supervisory staff at workshops	14
Administrative and clerical	9

Training of Social Workers

With the establishment of the "Younghusband" two-year courses for social workers there is some prospect that, in the long run, social work will come into its own as a profession. At present the supply of trained and qualified workers is quite unequal to the demand and every local authority engages staff who have not been fully trained for their particular job. The first two officers of the mental health service seconded to the Liverpool course returned to duty during the year, but it will be many years before all visiting staff hold an appropriate social work qualification.

Older Officers

There is a tendency to give less credit than is deserved to the efforts of the older officer who is not likely to be accepted for a full-time course and, it should be said that, in the Liverpool service, the existing mental welfare officers who have learned by experience and precept do an excellent job.

It must not be forgotten also that the mental welfare officer is unique among social workers in having to deal with unstable, unpredictable and sometimes violent people, and no academic course can prepare him for every emergency he has to face.

The Medical Officer would like to pay tribute to Mr. H. Bridge who retired in May after being Superintendent Mental Welfare Officer since the inception of the service in 1948. Mr. Bridge's valuable contribution to the development of the service was recognised by the award of the M.B.E. in 1960.

At training centres the policy of giving "in-service" training to raw recruits has been continued and, combined with seconding to a full-time course later on, this policy has remained reasonably effective; at least it cannot be improved upon until some national form of training is organised.

Community Care.

The mental welfare officer's work has two sides which at first sight may seem opposed—on the one hand he must establish good relations with mentally disordered people living at home so that their confidence is gained in his ability to support and befriend them; on the other, he may in emergency, have to insist upon their admission to hospital even against their will. In practice, this apparent divergence of interests causes no difficulty.

The very large number of visits paid to people living in their own homes has already been mentioned, but no amount of statistical analysis can give as clear a picture as concrete examples, and the descriptions given in this report will illustrate something of the range of activities and people the officer must be prepared to deal with. In reading these descriptions, it must always be borne in mind that the officer must be content with limited objectives. His most determined efforts cannot make a mentally subnormal person normal; nor, in many cases, can they prevent the recurrence of a mental illness the seeds of which were sown long before he came into contact with the patient.

Example 1.

Types of patient

Patient 'A', at 44, was well "institutionalised", having been in a hospital for the mentally subnormal since he was 30. His home background was poor; he was illegitimate and his mother was mentally unstable. He only just achieved the ability to read and write and drifted into irresponsible conduct and, at length, crime, as he grew up. Ordered by the Court in 1949 to be admitted to a hospital his behaviour there grew less erratic; he was employed in the kitchens and on the farm attached to the hospital and to all appearances the settled life, with its shelter and supervision suited him.

After the passing of the Mental Health Act he was regraded to informal status in August, 1962, instead of being under detention and he took advantage of this to discharge himself, in July, 1963.

By this time his ties with Liverpool had gone, his mother having died. He made his way to London and was lost sight of for three months during which he worked as a kitchen porter. He left this job, complaining that "everyone was picking on him"; and returned to Liverpool where he contacted the mental health service.

Had hostel accommodation been available, he might well have been given a place and the process of rehabilitation might have started from there. As it was, the service's employment officer was faced with the task of obtaining a job and accommodation for a man, of far from prepossessing appearance with a hare lip, slurred speech and rather dirty habits, who had a grievance against society.

These difficulties were overcome with the co-operation of a sympathetic

hotel manager who gave him resident employment as handyman. For a few weeks his work was fairly good but he then became lazy and his appearance further deteriorated.

The mental welfare officer was now spending a great deal of time in encouraging this patient, and bringing him up to date on community life. However, despite the willingness of his employer to persevere 'A' seemed less and less able to make an effort and at length told the officer, rather pathetically, that he wanted to go back to the hospital because he "felt much safer there". The hospital was able to give a vacancy and he is now in residence again.

Infinite pains were taken in this case by the employment officer but the patient just could not cope with everyday life. It may be that the support of his family at a critical period might have covered his inadequacy years ago but, as it is, the hospital is home to him and he prefers its shelter to life outside.

Example 2.

The second example is chosen to illustrate the part the service can play in cases, unfortunately quite frequent, in which illness recurs.

Patient 'B' was first encountered in 1956 when she was 22. After a normal education she had a continuous working record for seven years. She was courting and, in fact, was pregnant at the time she was referred by her doctor as needing immediate hospital admission. Though previous to this she had shown no mental instability, two half-brothers were severely mentally subnormal. She was illegitimate.

Her violent state made it necessary for the compulsory admission procedure under the old Lunacy Act to be used but she soon recovered, married and had her baby. In 1958 a second baby was born prematurely.

It is not proposed to describe in detail her illnesses since then; quotation from the index card kept by the mental health service gives sufficient indication of their frequency. It need only be said that sudden bouts of maniacal behaviour have been followed by periods during which she has been quite capable of looking after her husband and family.

NOTE.—Section 20 (Lunacy Act) (until superseded) and Section 29 (Mental Health Act) referred to below, provide for emergency compulsory

hospital admission and where the period in hospital is more than three days it is to be assumed that other sections of the Acts were in operation, sometimes in another hospital, to ensure a longer period of observation or treatment.

1958. 3rd March, Section 20, to mental hospital. 4th June, discharged, relieved. 22nd July, Section 20. 23rd October, discharged, relieved.

1959. Patient has another baby; family residing with husband's mother. After-care visits ceased in November at request of patient. 29th December, Section 20.

1960. 5th March, discharged, prognosis "uncertain". Frequent after-care visits; patient again pregnant. Illness recurred at birth of baby.

1961. 1st March, Section 29 (Mental Health Act procedure from this point). 28th March, discharged, relieved. 11th July, Section 29, regraded informal but later compulsory procedure again operative.

1962. 9th February, discharged, prognosis "guarded". 1st May, regraded informal and later discharged (no notice received by mental health service). 1st July, Section 29. 11th October, discharged, no notice received. At the end of this year the patient was in a general hospital under treatment for an overdose of sleeping tablets.

1963. 4th January, Section 29. 25th January, regraded informal and later discharged (no notice received). 29th June, Section 29. Patient was evidently discharged as she was readmitted, Section 29 at the end of the year but again no notice of discharge was received.

Among the points to be observed in this case are:—

(*a*) there appears to be no treatment which can prevent the sudden and violent recurrence of illness;

(*b*) a mental welfare officer carried out each admission, escorting this patient to hospital;

(*c*) after-care could do no more than ensure that the young children were properly cared for and the patient helped in the intervals of her illnesses; but the officer has the confidence of patient and her husband and they do turn to her for prompt assistance;

(*d*) after-care was interrupted by the absence of notification of discharge in several instances.

The above examples have featured adult patients but it must never be forgotten that the welfare of some mentally disordered children living in

the community is also the responsibility of the Health Department.

Mentally disordered children

The department's function is sometimes misunderstood here—it is rarely that a mentally ill or "maladjusted" child comes within the scope of the service, for the Education Department, with its child guidance clinics, is normally able to deal with such children and keep them within the educational system. Nor do all mentally subnormal children come under the department's surveillance. Schools specially devoted to their needs are provided by the Education Authority and it is only when a child cannot make progress at one of these that he is excluded from the educational system and given the facilities provided by the Health Department; in other words, all the children referred to the mental health service are severely sub-normal mentally, except for the rare reference because of severe behaviour disorder. One of these dealt with during the year may be mentioned before the work among severely subnormal children is described.

Five years ago this child passed her "eleven plus" but instead of starting at a grammar school she was admitted to a psychiatric hospital with a grossly disturbed condition, screaming, grimacing, living in a world of her own. The psychiatrist's report did not mince words—this was "unfortunately a definite case of schizophrenia", there was a very bad prognosis and "the condition was not likely to remit".

Treatment at this time was unsuccessful and the patient came home but there was some remission a year later, after she had had another period in hospital. During this time, many informal visits were made by the mental welfare officer and it was hoped that she might improve sufficiently to go back to school. Unfortunately she lapsed into her former state and it was decided to refer her officially as "unsuitable for education in school".

Visits continued, temporary care in a private home was obtained (but she could only be kept there one day as she tried to climb through the windows and screamed continually), care in a hospital was refused by the parents and the patient remained at home.

In January, 1962, she was referred back to the Education Department following a marked intellectual improvement. There was, however, little improvement in her behaviour and, moreover, there was complete lack of co-operation by the parents and she did not in fact attend school.

This patient is now sixteen and, at present, every effort is being made to

coax her to attend an occupational therapy unit. When she attends, she appears to enjoy it but she needs encouragement which, on the part of her parents, is not forthcoming.

If this report were written from a psychiatrist's point of view it would, in fact, show in detail how the home background of the patient has adversely affected her all her life; but its object is not to determine causes but to illustrate the role of the mental health service—that of support in the community for a patient who, in the present state of medical knowledge, is unlikely to be cured. This case shows that such support is necessary even when spectacular results cannot be anticipated.

As stated, the community work among children is mostly concerned with those who are severely mentally subnormal. At 31st December, 1963, there were 364 of these (under the age of sixteen) living at home or in substitute homes in Liverpool. They can be grouped thus:—

Attending training centres	302
At home awaiting a training centre place	18
At home awaiting a hospital place	50
At home—visits only	27

(Some children come into more than one of the above categories).

In addition to this, 147 Liverpool children are in hospitals for the mentally subnormal. (Hospital care is dealt with in a separate section below.)

Parents receive a great blow to their hopes and aspirations when they are informed, sympathetically but "officially", that their child is unsuitable for education at school. It means that a life demanding ordinary intellect will be closed to the child when he grows up and often he will need life-long support; but parents can at least reflect that there are now alleviations to their situation which were not available in the past and that research into the causes of mental subnormality is increasing in pace and extent.

It is the duty of the mental welfare officer to respond to the calls made by parents for advice and help, but the department's most important function here is to see that the child receives adequate training. This function and the work during the year can now be described in some detail.

TRAINING CENTRES FOR CHILDREN AND ADULTS AND SHELTERED WORKSHOPS.

Junior Training Centres

Table 29 shows the accommodation at these establishments. Taking training of children first, during the year the number attending increased by 46 to 283 which is the highest since the service started. Three new features of the year's work call for special mention.

(1) Classes were opened for the first time for children who need special care because, in addition to their subnormality, they have physical defects or gross behaviour problems. Such classes could only be started when door-to-door transport became available.

(2) The instituting of this door-to-door transport has been the second innovation of the year. It is, of course, part of the Health Department's new scheme for the transport of handicapped persons generally. As well as for special care cases the mental health service has been able to use the facilities for children and adults whose social and domestic difficulties have hitherto prevented them from attending centres. At the end of the year 65 children and adults were using the transport daily. The seven special buses serving the centres have continued to run. In addition it has also been possible to admit children under five years of age to the centres.

(3) Routine medical examinations by two school medical officers, who each spend a session at centres weekly, were started and have proved most useful. Most parents take the trouble to be present at the interviews and, in their contacts with doctor and supervisor, are able to obtain answers to many of their questions.

The appointment of additional staff has enabled classes to be kept to a reasonable size (average 8-12) and the pupils can receive individual attention.

The accommodation, increased though it was by the opening of New Hall three years ago, is now reaching full occupation and the waiting list, which was such a cause for concern for many years, seems bound to come into existence again unless further centres at New Hall now occupied by adults are released for junior training. The plan to do this is discussed more fully under the heading adult training.

Liason Offiicer

For many years one mental welfare officer has acted as liaison officer between centres and homes and the continuity thus established has good

results. One case in which this officer was involved during the year may be mentioned.

This case is in fact a good example of "combined operations" for the efforts of at least eight social workers of various departments and agencies have been focussed on this boy during his short life. When he was born his mother, a single woman of 36, hoped he would be adopted right away and had previously received some assurances to that effect. But it proved impossible as he was a mongol child.

The mother was most distressed, showed no affection for the child and kept him "hidden" whilst approaching various agencies with a view to his being taken away from her. All were sympathetic and in particular the health visitor helped by frequent visits. To co-ordinate their efforts a case conference was held when the child was six months old and it was decided that the mental health service should take a special interest.

Immediately after this the child spent twelve months in hospital during which his mother married a man who was not his father but who has since taken an interest in him which has helped greatly in influencing the mother. At this time, however, she remained tearful, complaining, and anxious to have the boy "away".

From the time of discharge from hospital strenuous efforts were made by the mental health service and at different times short-term care, day nursery, hospital and convalescent home admission were arranged. It was decided also that he should attend a training centre as soon as possible and the centre liaison officer saw the mother on many occasions, explained the history to the supervisor of the nearest training centre and at length, when the boy was three-and-a-half, arranged for him to attend the centre for three days per week. The attitude of the mother was now wavering between affection and revulsion and it needed the best efforts of the liaison officer to persuade her to send him to the centre. The supervisor helped also by telling the mother how happy he was, how quickly he was progressing and she then agreed to let him attend every day.

Six months have now gone by during which the child's progress has been uninterrupted. His mother is much more reassured, her husband is convinced of the department's interest and altogether the prospects for the boy seem very much brighter. Moreover, the liaison officer now has the mother's confidence and will be at hand to help her at any time.

What has been said shows that the severely mentally subnormal child is no longer forgotten or neglected by the community and this is true also of similarly handicapped adults. There is an increasing recognition that they too have the right to as full a life as possible in the community and most local health authorities are pushing ahead with plans for adult training centres and sheltered workshops.

The development of this work in Liverpool recently has been so encouraging that staff and trainees alike are eager to see further progress.

Towards the end of the year the Chairman and Deputy Chairman of the Health Committee and senior officers visited Hull where adult workshops have been further developed and gained some useful information.

Adult Centre and Workshops

It will be seen from Table 29 that 180 people are now attending the three buildings at New Hall which are being used as adult workshops in the absence of a specially designed building. In addition, 60 more adults attend the adult training centre there. It has been found useful to make a clear distinction between "adult centres" and "workshops". Those attending the centre are continuing the type of training given in junior centres and at the same time being gradually coached to see whether they can do more productive work. When they are ready, they transfer to the workshop (if and when a vacancy is available) where they carry out industrial tasks that will earn weekly wages for them.

During 1963, further contracts were obtained from industrial firms, etc., and the work at the workshops now includes salt box top assembly, metal screw top assembly, pressing caps and rings, packaging cups and containers, stamping prescription pads, stripping addressograph frames, labelling collecting boxes, punching holes in filing cards and machine stitching Christmas stockings.

The many people who have visited New Hall from other authorities, voluntary bodies, etc. (including some from overseas) all seem to be impressed by the obvious enthusiasm of the workers. On open days parents come in great numbers and are able to see for themselves their sons and daughters enjoying their work and developing confidence and initiative.

All this is reflected in their lives at home. They show an increased sense of responsibility and take an interest, some for the first time, in their personal appearance. One interesting sidelight on this has occurred recently.

The representative of a small voluntary group, himself the father of a mentally subnormal youth attending a workshop, wrote to the Medical Officer of Health requesting that an escort should be provided to help trainees across the busy road at the entrance to New Hall. The necessary action was taken but it quickly provoked some indignation. A number of protests were received from parents of which the following letter from a mother may perhaps be quoted:—

"Dear Sir, Jane is quite capable of crossing the main road outside the training centre without supervision as she has to cross many busier roads on her own on her journey to and from the centre. I feel that if the rule was enforced it would undermine the spirit of independence that one tries so hard to build."

In December a fire severely damaged one of the workshops. The Director of Education very kindly placed another building at New Hall at our disposal and though much inconvenience has been caused, work has proceeded with as little interference as possible. This setback is purely temporary and if it has disrupted work it has not destroyed the ebullient atmosphere which prevails at New Hall. A much more serious setback is the delay in implementation of the plans for the specially built workshop which is the hub of the Health Committee's "ten-year plan" for training generally. The following are the considerations involved:—

(*a*) It is obvious from experience gained already that adults gain immensely from having their own centres and there should be no going back to the former indiscriminate mixing of children and adults in one centre.

(*b*) Children should therefore continue to transfer from junior centres at about the age of sixteen to adult centres or workshops. This process, however, has come to a full stop as the New Hall adult centre and workshops are full.

(*c*) Similarly the adults at the New Hall adult training centre cannot be transferred to the workshops when they are ready.

(*d*) There is a growing waiting list of adults who have not attended a junior training centre but have been referred to the service after leaving special school. These mentally subnormal adolescents become known to the Health Committee at a most important time of their lives and failure to provide sheltered

employment for those who are unable to cope with open employment is a serious deficiency.

(*e*) The first group of residential hostels will shortly open and some of the residents will almost certainly be suitable for and need sheltered employment or training.

The Medical Officer hopes that consideration of these points will convince all concerned of the importance of making progress with the workshop scheme.

During the year there was a substantial increase in the work done which can be seen from the payments received, namely £5,800 as against £2,500 in 1962. These payments are allocated to the workers on a points system which takes into account behaviour, regular attendance and genuine effort as well as ability.

Mental Health Centre, Johnson Street

From the point of view of establishments and people catered for in them, it may appear that, in Liverpool, work for the welfare of the mentally subnormal preponderates over work for the mentally ill. This is not so; the majority of the mental welfare officer's time is occupied with those who have been or are mentally ill, and more than 9,000 home visits were paid to them during the year. But it is not so easy to deal with such persons in groups and most of the officers' work is concerned with their personal problems and their individual places in the community. It has in fact been found that the one club being run specially for the mentally ill, viz., the Mental Health Centre in Johnson Street, which caters for about 25 people, is reasonably adequate at the present time.

At this centre, which is run by two occupational therapists, contract work, e.g., making nylon pan scrubs and babies bibs, is carried out, but there is also much social and recreational activity including plays, films, visits to factories, etc. Once a week a club night is held for patients and friends. A good attendance has been maintained throughout the year and mental welfare officers who refer patients to the centre are able to watch their progress. A group from the centre formed part of a large party of handicapped people who spent a week's holiday in September at a holiday camp at Morecambe. Though very hard work for the staff who went with

the party this holiday was a great success and many expressions of thanks have been received.

Employment.

This important branch of mental health work has continued to be carried out by one of the mental welfare officers. Over 800 persons have been placed in employment since 1949, many of whom would not otherwise have found jobs suitable to their needs. At the end of the year the employment officer had 237 patients on his "live" register and 67 posts had been found during the year.

Hospital care for mentally subnormal

Hospital Care.

Hospitals and community services are of course complementary but, for various reasons, the dovetailing is not always complete and, as in previous reports it will be useful to note "where the joins show".

The chief problem in mental subnormality has been the lack of hospital accommodation. There still exists a waiting list including some urgent cases whose retention at home causes great hardship and the Committee once again approached the Regional Hospital Board about the situation. It must be said, however, that a substantial improvement has taken place compared with the worst period eight years ago. Then (at the end of 1955) 124 people were on the waiting list, including 81 of highest urgency. At the end of 1963 the figures were 50 on the list, including 28 of highest urgency. Development of Greaves Hall and other smaller hospitals in the Liverpool Region is one of the reasons for this—out of 70 admissions from the waiting list 29 were to Greaves Hall.

This hospital also provided a large proportion of short-term care places. This useful provision by which parents and others looking after mentally subnormal people can get a temporary break at times of stress or during holiday periods is being increasingly undertaken by hospitals with the result that the use of voluntary homes such as Orchard Dene has decreased, as the following figures show:—

SHORT TERM CARE 1963

	No. of patients	Total stay in weeks
R.H.B. Hospitals		
Greaves Hall	92	313
Newchurch	24	77
Others...	25	105
Total	141	495
Voluntary Homes ...		
Orchard Dene... ...	39	78
Others...	8	21
	47	99

Hospital care for Mentally ill

Turning to mentally ill people, the difficulties encountered by the mental health service in carrying out its duty to admit patients to hospital under the compulsory procedure of the Mental Health Act have been described at length in the last two annual reports and it is not proposed to go into them again at present. It must be said, however, that accommodation for these emergency cases has continued to be marginal during the year, and there continues to be some difference of interpretation as regards the duties of the mental welfare officer and the need for consultation before admission.

Various explanations have been put forward for the large number of emergency admissions which continues to arise and which is very much greater than in certain other towns. The Committee were actively considering this question at the end of the year and it is hoped that an agreed interpretation will be arrived at in the near future. Figures for references and admissions, etc., are given in Table 31.

Mental Health Review Tribunals

In concluding the section on hospital care, mention is now made for the first time in these reports of the mental health review tribunals which are part of the new machinery of the Mental Health Act. They are quasi-judicial committees with legal, medical and lay members who consider applications for discharge of patients detained in hospitals under the Act.

The mental health service is affected by their work in the following ways:—

(*a*) mental welfare officers are asked to attend sittings and/or forward reports on the home conditions of patients;

(*b*) if patients are discharged by the tribunal, the mental health service offers after-care;

(*c*) reports on the progress of discharged patients are sent to the Ministry of Health.

The service may also be involved if the patient has to be compulsorily re-admitted to hospital.

The first request by a tribunal for home reports was received in November, 1961, and from then until the end of December, 1963, 23 Liverpool patients are known to have applied for discharge from detention. The following information can be given about the results of application and subsequent progress of patients:—

Number not discharged	...	...	6
Number discharged	...	...	17

Of the seventeen discharged:—

Ten have made a reasonable adjustment to their return to the community;

Seven have given officers of the mental health service cause for concern, varying from lack of co-operation to appearances in Court on serious charges.

Of these seven patients:—

Two have been returned compulsorily to hospital under part IV of the Mental Health Act;

Two have been committed to hospital from Court under Section 60 of the Act;

One has been sentenced to imprisonment on a charge of attempted rape.

These numbers are too small, and the period covered too short, to allow of any real conclusions being drawn but they do indicate that great care should be taken in deciding whether or not to discharge certain patients from detention in hospital.

It is easy to be wise after the event but if similar findings are being experienced in the areas of other local health authorities there must be some cause for concern.

One must await with interest the collation of such findings by the Ministry of Health which is now requesting follow-up reports on patients discharged by the Mental Health Review Tribunals.

Conclusion

The year has seen further developments in the mental health service, notably in provision for "special care" patients, progress towards the opening of hostels, improved transport facilities and increased interest in the field of sheltered employment. The report has suggested that in the last named activity the need for further expansion has become urgent and that upon the provision of new accommodation much of the service's other plans depends.

AMBULANCE SERVICE

Case load of patients

The total number of patients carried by the Ambulance Service amounted to 272,475 compared with 251,818 in 1962, an increase of 20,657.

The ambulance vehicles travelled 1,028,204 miles using 45,096 gallons of petrol and 12,388 gallons of diesel oil. When compared with 1962 this shows an increase of 39,717 miles and 1,905 gallons of fuel. The increase in patients and mileage can be attributed mainly to the new out-patient clinics continually being opened. An example is the increase in the number of day centre cases at Newsham General Hospital which is continually expanding. However, hospital transport officers help considerably in being able to co-ordinate journeys into efficient runs, and hospital staff have done everything possible to assist the Ambulance Service in solving many of the difficulties that have arisen.

Communications

All calls for ambulance transport are still being received at Ambulance Headquarters on one P.B.X. 10 × 50 switchboard, and "Key and Lamp units" which have been very successful in speeding up deployment of emergency and general cases to the out stations. All vehicles are now radio-controlled and to increase the efficiency of the telecommunications the base station situated on top of Cresswell Mount was changed from a 15 watt power unit to a 25 watt unit and the remote control unit at Ambulance Headquarters, which is connected by a G.P.O. land line was changed to a new unit adapted for "Talk through". This enables the radio system to be switched over in the event of a major accident to allow vehicles to be controlled at the scene of the incident. In addition it enables conversation to take place between mobile vehicles.

Details of emergency calls received during 1963 are as follows:—

1963	(A)	(B)	(C)
Month	Accident/ Emergency Calls	False calls with good intent	Malicious False calls
January ...	1,984	109	9
February ...	1,678	76	6
March	1,840	94	10
April	1,853	97	11
May	1,863	104	9
June	1,798	53	17
July	2,014	107	15
August ...	1,935	89	11
September ...	1,940	94	10
October ...	1,919	102	5
November ...	1,761	87	10
December ...	2,001	143	14
Total ...	22,586	1,155	127

The totals in Columns "B" and "C" are included in Column "A", but are shown thus for statistical purposes.

Staff Training

Efforts continued throughout the year to encourage members of the staff to train to a higher standard in first aid. Two first aid classes were held in which 37 members enrolled and 100 per cent successful results were gained. Seven members of the staff sat for the intermediate examination and two for the final examination of the Institute of Certified Ambulance Personnel. In addition, thirteen driver/attendants, two control officers and a station officer enrolled for a course in preparation for the intermediate examinations which are to be held in April, 1964.

The staff of the service consist of:—

1 Chief Ambulance Officer
1 Assistant Ambulance Officer
1 Senior Controller
4 Controllers
4 Assistant Controllers
4 Telephone Operators
6 Hospital Officers
3 Station Officers
2 Clerks
1 Storekeeper
12 Shift Leaders
124 Male Driver/Attendants
16 Female Driver/Attendants
1 Foreman Mechanic
1 Chargehand Mechanic
5 Mechanics
3 Apprentice Mechanics

The vehicle fleet now totals 74, consisting of 42 ambulances, 26 dual purpose vehicles and six sitting case cars. At the end of 1963 the ages of these vehicles were as follows:—

Age of vehicle in years	Under 1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10
	12	10	11	8	8	–	6	11	5	3

During the year twelve new vehicles were purchased, six being stretcher case ambulances and the remainder dual purpose vehicles. Ten vehicles were disposed of, four stretcher case ambulances and six sitting case ambulances.

All major repairs and servicing is carried out at Headquarters and the full cycle of maintenance and repairs is as follows:—

Period	Carried out by	Routine Inspection
A—Daily	Ambulance Personnel...	Internal cleaning of vehicle, check engine oil, water and fuel, check electrical equipment.
B—After 2,000 miles ...	Greaser and mechanic...	Oiling, greasing, check fluid leaks. Mechanical defects. Road test and general inspection.
C—After 5,000 miles ...	Greaser and mechanic...	Incorporate B routine plus engine examination and adjustment, check electrical equipment, dynamo, starter.
D—After 10,000 miles ...	Greaser and mechanic...	Complete check and overhaul.

Comparative vehicle statistics for 1962-63:—

	1962	1963
Diesel Ambulances	23·9 m.p.g.	24·6 m.p.g.
Petrol Ambulances	13·7 m.p.g.	14·6 m.p.g.
Dual Purpose Ambulances...	17·0 m.p.g.	16·1 m.p.g.
Sitting-case Ambulances	23·6 m.p.g.	23·4 m.p.g.
Vehicle Mileage	988,487	1,028,204
Fuel—Diesel	11,966 gallons	12,388 gallons
—Petrol	43,613 gallons	45,096 gallons
Oil	870¼ gallons	952 gallons

Average mileage for the fleet was as follows:—

Type of Vehicle	Average Annual Mileage		Percentage increase/ decrease on 1962
	1962	1963	
Ambulances Petrol ...	13,449	13,594	+ 1·1%
Diesel... ...	13,008	13,831	+ 6·3%
Sitting-case Ambulances ...	15,319	14,212	— 7·2%
Sitting case Cars	13,184	13,753	+ 4·3%

Fuel consumption:—

Stretcher case ambulances ...	Petrol	14·6 miles per gallon
	Diesel	24·6 ,, ,, ,,
Sitting-case ambulances ...	Petrol	16·1 ,, ,, ,,
Sitting-case cars	Petrol	23·4 ,, ,, ,,

The total number of infectious cases carried during the year is as follows:—

Infectious Patients—1963

Month	Admission	Hospital to Hospital Transfers	Total	Type	
				Sitting Cases	Ambulance Cases
January	188	10	198	100	98
February	201	17	218	90	128
March	239	24	263	120	143
April	199	32	231	115	116
May	219	28	247	127	120
June	246	28	274	207	67
July	261	38	299	240	59
August	240	22	262	106	156
September	194	26	220	150	70
October	232	25	257	190	67
November	203	17	220	160	60
December	219	15	234	140	94
Total ...	2,641	282	2,923	1,745	1,178

OCCUPATIONAL THERAPY

The anticipated expansion in the service during 1963 by the building of a new occupational therapy unit has unfortunately not been possible. The plans submitted to the Ministry of Health were considered by them to be insufficiently comprehensive and when fresh plans were prepared, they were turned down by the Planning Authority as being unsuitable for the area selected. A new site will have to be found and it is hoped to progress with this scheme during 1964/65.

Staff

The section is again experiencing great difficulty in replacing staff, the number of resignations due to marriage being very high. The Mental Health Centre has had only one full-time therapist, helped for a few hours a week by a locum, since July, 1963, and the unit at Rumney Road has had only one full-time therapist since December, 1963, whilst the domiciliary service has been short of an occupational therapist since January, 1964. This means that a number of work schemes already started have had to be dropped and the number of patients accepted at the units strictly limited. The ever-increasing pressure of work on the section demands that staff be kept up to establishment and that the establishment be increased from time to time. During 1963/64 the salary scale for the section has been reviewed and it is hoped that during 1964 this will help to improve staffing problems.

Domiciliary Service

The domiciliary service has again been kept very busy, both in providing therapy at home for those unfit or unwilling to attend the units, and in devising and making the many aids which help to make it possible for disabled people to live in their own homes. Four therapists were engaged on domiciliary work until the end of January, 1964, when one left to get married. This means that the central area of the City is not at present covered, and as the other therapists already carry full case loads and have many patients on their waiting lists, they are unable to help out in another area.

One of the difficulties the domiciliary staff have been trying to overcome during the year, is that of the patient who is alone for long periods and is unable to move on to a toilet or a commode. After a number of unsuccessful experiments, and with the help of one or two people outside the department who are interested in helping the disabled, a special seat has been devised and is now being tried out. Part of the seat is mechanically operated and slides away to reveal a toilet aperture. This differs from the Ministry of

Health commode chair, in which the whole seat has to be removed by hand. Another difficulty is that of raising the completely helpless patient in bed for toilet and nursing care in situations where the use of the hydraulic hoist is impracticable because of its size. A piece of apparatus has been made and is now being tested, which should help to relieve the burden on many nursing such cases.

Rumney Road Unit

Despite the shortage of staff the work of rehabilitation in the occupational therapy unit at Rumney Road continues. It is interesting to note that the attendance figures show that the unit is catering for a far higher percentage of men than women (67 per cent men, 33 per cent women). This is probably because, on the whole, it is easier for women to return to work either in their own homes or in light industry, than the majority of men, most of whom come from employment in heavy industry. It is often impossible for this type of patient to return to his own job, and it is difficult for the manual worker to adjust himself to bench or office work after disability. A number of patients have gone on to further rehabilitation and training with the Ministry of Labour. A few patients have been referred by the Ministry of Labour to the occupational therapy unit as not yet fit to attend for Ministry of Labour training which demands a higher standard of health and dexterity than that required for attendance at the unit. Because of the high proportion of male patients, it is hoped during 1964 to obtain the services of a male assistant to instruct in woodwork and also to make some of the many aids required for patients.

Electric Hoist

During the year an electrically operated hoist has been installed in the unit. This hangs from a runner on a track secured to the joists in the ceiling and enables completely helpless patients to be lifted from their wheelchairs and lowered on to the toilet. The young paraplegic, who is paralysed from the waist down but still has full use of his arms, is thus able to perform this operation on his own. This type of apparatus is being installed in some of the houses adapted by the Local Authority for handicapped people, and where appropriate a "Mini Hoist" is used instead of an electric one.

Other Aids

Two ejector type seats have been purchased for use by the section. Patients can be brought in to try these chairs so that it can be ascertained that they are able to use them before they are purchased for individuals. Both seats have springs which, when released gently, push the patient

forward into a standing position. This enables people with stiff hips and knees to stand without help.

A small printing machine has been purchased for use in the unit and many orders have been received for printed letter headings.

Unfortunately the supply of materials required for the fulfilment of the contract with the Local Authority for rubber link mats has been most unsatisfactory and orders received in 1963 were still not started in January, 1964. Because of this, the section has decided not to apply for the contract for 1946/65 but to review the situation during that period. The contract for chamois leather mops has proved useful, especially as these can be made in the homes of patients as well as at centres.

A full report of occupational therapy in the Mental Health Centre will be found under the Mental Health Service (page 107).

Holiday

During the week of 7th-14th September, a party of 65 patients and staff went on holiday to Morecambe. The party, which consisted of patients from the occupational therapy unit, Rumney Road, the Mental Health Centre, Johnson Street and welfare centres, was transported in two coaches, into which sixteen wheelchairs were also packed. A block of chalets had been booked which included a number with wide doorways which would accommodate the wheelchairs and situated as near the dining room as possible. There was a member of staff to every row of chalets so that help was readily available to any patient needing it. As there were more than twice as many wheelchairs as staff, other patients were called on to help push them and in this respect patients from the Mental Health Centre proved extremely helpful. The ages of the patients varied from eight to 70 but the camp catered for all tastes and everyone was able to either join in or watch the many activities taking place. Although the party arrived in pouring rain and a cold wind the weather improved during the week. Unfortunately there was no heating in the chalets and some of the patients were cold during the night. This is a point which must be considered in future holidays.

Housing Problems

Because of the lack of a suitable new building in the northern part of the City, further thought has had to be given to the situation of a family, one of whom requires ground floor bedroom and bathroom accommodation, plus room close by for a garage for an invalid car. A certain older type of house has been found to be suitable for adaptation because it has a rather

large kitchen across the back of the house which can be divided to make a bathroom and small kitchen: this proves more expensive than adapting houses in the building stage but at present there appears to be no alternative.

This section, perhaps more than any other in the Local Authority, is concerned solely with the needs of the handicapped, and is becoming increasingly conscious of the necessity for the community to provide for such needs. The number of handicapped and aged is increasing and it is felt that this factor should be considered when planning future public and domestic building. Such items as slightly wider doorways in houses, the provision of ramps instead of steps, whenever possible, the addition of a handrail wherever steps are necessary with siting of power plugs at waist height instead of floor level, windows which can be opened without having to stretch over sinks or stand on chairs, and the designing of houses and flats without narrow passages are all things which would make life safer and simpler for a great number of aged and handicapped and be equally beneficial to the rest of the community.

Cases

1. Miss P. is an elderly lady living alone. Due to a progressive circulatory defect she had great difficulty in gripping anything and a series of aids has been devised to overcome some of her problems. She is fortunate in having many friends but, when they came to visit her, she found great difficulty in gripping the door knob to open the door. A long handle fixed to the knob has made this easy. A rod through her yale key makes this easier to grip and turn. Communication with friends was very difficult as she could not hold a pen. She was lent a typewriter on which she slowly, and with one finger, keeps up a correspondence. This is a great source of pleasure to her. When out shopping she felt rather unsteady but could not hold a stick. She now can manage this by putting her hand in a glove nailed to a walking stick in a gripping position. Picking up small coins was impossible until she was supplied with the fingers from a pair of fine rubber gloves. Success in these things is leading to more problems being revealed and dressing aids are being currently tackled. Buttons, hooks and eyes, and zips are very difficult to cope with and special straps and buckles and Velcro will probably have to be used. No doubt difficulties will remain for Miss P. but at least some real help has been given her and she has a much more optimistic outlook than when first visited.

2. A patient who has been mentally ill for over twenty years was first visited at home five years ago by an occupational therapist. At that time, he would not get up before dinner time, his concentration was completely lacking and he found conversation extremely difficult. He was taught a new occupation which he could perform at home and after two years was persuaded to accept a period of hospital treatment. He made some improvement in hospital and, on discharge, was encouraged to attend the Rumney Road unit. While his concentration was still poor, he was willing and eager to help the physically disabled. This patient has now completed a course with the Ministry of Labour, arising at 6.30 a.m. to get his own breakfast and be at the training centre for 8 a.m. It is hoped that he will be able to obtain a clerical job in the near future. This case shows that progress may be very slow, but a background of self-confidence and self-respect can only be built up slowly.

3. Mr. W., aged 55, had been a very active man until he suddenly lost the use of his legs and had to spend long periods in bed. He was very depressed by his apparent uselessness and complained continually of his many aches and pains. He has been taught basketry, an occupation which he can carry on either in his bed or his wheelchair. The standard of his work is very high, he has found a ready market for his products and now has quite a flourishing business. His wife reports that he no longer complains of aches and pains.

4. Mrs. A., aged 76, suffers from rheumatoid arthritis in her legs and is unable to walk, although her arms are reasonably strong. She had been confined to one room for fifteen years as she was too heavy to lift and a wheelchair would not go through the doorway. She has been supplied with a tubular chair on wheels and can now slide from her bed on to this and then move herself about the house by pulling on the furniture. She now does her own washing and ironing, has done some cooking and is much less of a burden on her sister, aged 74, who used to do everything for her.

WELFARE SERVICE

Residential Accommodation.

Ten-Year Plan

During the year 1963, so far as the provision of residential accommodation is concerned, the accent has been on making a start in the implementation of the Ten-Year Development Plan. In connection with this forward programme, further consideration was given to the closure of Westminster House on a date much earlier than had originally been planned.

Replacement of Westminster House

The bed complement of Westminster House on the 5th July, 1948, was 1,142, and the long-term policy in regard to this establishment has been the reduction of the numbers of residents in order to alleviate the overcrowded conditions coupled with a policy of upgrading and modernisation. Over the fifteen-year period this policy has had a marked effect upon the standard of care and resulted in a big reduction in the resident population, and at the end of 1963 the figure was 560.

In the meantime the Minister of Health has stated that he would like local authorities to discontinue the use of large old establishments such as Westminster House by the end of the ten-year period 1962-72. A re-appraisal of the situation during 1963 has led to the Health Committee deciding to close Westminster House by the end of the five-year period 1964-69 and to transfer the residents to ten new establishments each to accommodate about 56 residents. With the ultimate clearance of the Westminster House site, land would become available for housing purposes.

Increasing Demand

Side by side with the programme for the replacement of Westminster House, policy has been directed towards the building of a number of new homes for elderly persons to meet the needs of an increasing number of elderly persons who require residential care. The waiting list has increased and at the end of the year about 400 persons were awaiting places in aged persons' hostels. During the five-year period it is planned to provide twenty new establishments to provide for this expanding need for accommodation and care.

New Buildings

Melwood House, in West Derby, which was completed towards the end of December, 1962, was in full operation early in 1963, accommodating 55 residents.

The new building in Rumney Road, Kirkdale, named Cavendish House, was completed during the summer, and the first residents were admitted

towards the end of September. The home accommodates 59 residents, a considerable proportion being from Westminster House, and the official opening ceremony was performed by Miss G. M. Aves, C.B.E., Chief Welfare Officer of the Ministry of Health.

Early in 1963 a start was made on the building of another home (for 52 residents) in an area bounded by Ullet Road and Lathbury Lane and this should be ready for occupation towards the end of August, 1964.

Towards the end of 1963, plans were prepared for submision to the Ministry of Health relating to the four new hostels to commence in 1964 as the first stage of the development to replace Westminster House and to deal with the waiting list. These will be sited at Speke (56 residents), Fazakerley (56 residents), Croxteth Drive (45 residents) and Aigburth Drive (50 handicapped persons).

Residential Establishments

The residential care given in the department's seventeen establishments for the aged continues to provide satisfactorily for more than 1,200 elderly and infirm persons. The proportion of those who are extremely frail and require a large measure of care and attention is increasing year by year. In consequence of this trend the Health Committee agreed to an increased ratio of staff in the larger establishments and particularly in the newly built homes.

Holiday Scheme

The summer months once again saw a number of elderly persons enjoying a holiday at the department's home at Southport, known as "Westdene". They were either residents of the various establishments in Liverpool or people living in their own homes, needing care and attention, for whom a short holiday would prove beneficial. A start was made on an improvement to the central heating and domestic hot water supplies in this holiday centre.

Christmas Aid

A good deal of public benefaction was once again evident at Christmas time which enabled, with the help and co-operation of the Women's Voluntary Service, a number of elderly persons to receive additional food. The delivery of mobile meals also operated during the holiday period. A number of old people spent Christmas Day at residential establishments close to their homes. This aid is on the increase at Christmas time and the effect is that a greater number of elderly persons receive either additional fare or hospitality during a period when it is most appreciated.

Day Centres

At New Grafton House a new day centre has been organised by the Men's Voluntary Service, with the approval of the Health Committee, in

the large recreation room. A men's club meets twice weekly with an attendance of 25-30, and social afternoons are held from time to time. This is a new venture and it is proving to be extremely popular. Reference will be found later in this report to the other Centres at River View, Sheil Park and Paradise Street which continue to carry out a most useful function with the assistance of the Women's Voluntary Service.

Additional Comforts

It is always pleasing to report on the kindness of others towards elderly folk, and so far as the Merseyside Hospitals Council is concerned, it is very gratifying to be able to record that once again another considerable donation from this body enabled a number of pianos, television and radio sets and card tables, etc., to be purchased for many of the department's establishments.

Table 34 gives statistical information in regard to a large number of Liverpool persons, elderly or handicapped, who are received into establishments administered by voluntary organisations under financial arrangements made between the local authority and the body concerned. These arrangements form a very useful supplementation to the provision of residential care in the homes belonging to the City Council.

Temporary Accommodation

Future Plans

The forward planning in regard to the provision of temporary and intermediate accommodation has envisaged the closure of the unit in Lower Breck Road. It has become clear that this accommodation falls short of what is required to deal adequately with homeless families including their rehabilitation. The situation is constantly under review and suitable properties are being sought which could be acquired and adapted. In the meantime, certain minor improvements have been carried out in the Lower Breck Road unit in the way of additional toilet and washing facilities and an extension of the heating system.

A very useful arrangement was made during the year under which the Salvation Army agreed to reserve a small number of beds, at their Netherfield Road Hostel, for women who may need shelter at night, where the full range of residential care is not necessary, but where some supervision is required which could not be given in the accommodation at Lower Breck Road.

Table 38 gives statistical information of the number of admissions and discharges at the Lower Breck Road unit during the year.

Homeless Families

The maximum number of persons accommodated at any one time was 119 (two men, 27 women and 90 children) and the minimum 53 (one man, eighteen women and 34 children). The daily average accommodated throughout 1963 was approximately 82 (21 women and 61 children). The average length of stay of all families was about sixteen days, the longest stay being 29 weeks.

Case Conferences.

Case Conferences

The monthly case conferences attended by officers, and members of interested voluntary bodies, etc., continued to be held. The circumstances of all new families admitted to the temporary accommodation are discussed at these meetings, and a review takes place in regard to other families who have been the subject of previous discussions. The various recommendations made at case conferences are reported to the Health Committee.

Special Problem Conferences

Apart from the meetings held to discuss the circumstances of families in the temporary accommodation, other case conferences are also held at officer level to see what can be done to help families who have some special problems or difficulties, especially where there is a risk of family break-up due to rent arrears, financial instability, etc. Any Corporation department or voluntary organisation can suggest meetings of this kind, and during 1963 100 families (including new cases admitted to the temporary accommodation) were the subject of such meetings.

Co-ordination of Social Welfare Services.

Some time ago, a joint advisory committee on the co-ordination of social welfare services was set up with the object of co-ordinating the various bodies concerned with the welfare services. The Children's, Education, Health and Housing Committees are represented, together with a number of statutory and voluntary organisations. The Medical Officer of Health is designated the Co-ordinating Officer. Meetings have been held and discussions taken place in regard to social welfare problems, particularly the problem of intermediate accommodation and the rehabilitation of homeless families.

Domiciliary Welfare Service.

The following is a selection from among the many problems dealt with during the year by the staff of social welfare officers.

1. Mrs. X., a lady of 81, lives on the top floor of an old house. The living conditions are poor and a low standard has been the normal state of affairs for many years although there is no shortage of money.

Mrs. X's husband died early in the year and since then she has spent most of her time in bed. She gets up occasionally to buy food, but her store cupboard represents subsistence level.

A young family occupy the flat on the floor below and the wife tries to help Mrs. X but her efforts are resisted. The wife has a heart condition and has been advised not to make unnecessary journeys upstairs, but she feels morally responsible to Mrs. X.

During July Mrs. X had an acute attack of bronchitis and was so debilitated by malnutrition that she had no strength to speak. A consultant physician offered her a hospital bed which she refused. Medical opinion was not in favour of forcing the issue and Mrs. X recovered slowly. She spends most of her time in bed taking tablets at random.

The family from the flat below is leaving temporarily while the wife goes in hospital and the husband and children stay with relatives. Mrs. X will then be alone in the house.

The Social Welfare Officer has reassured the wife that Mrs. X will be visited frequently in her absence. Unless there is a sharp deterioration in her condition no action can be taken. She has refused home help and mobile meals.

2. An elderly woman (aged 86 years), the last surviving member of a family of twelve children, had been known to the department since February, 1962, when her aged sister died. The father had been a university lecturer and he and the other members of the family—all unmarried—amassed a considerable estate, all of which the survivor has inherited.

The old lady is an extremely difficult person, exceedingly mean, and will not even provide her own food or clothing. She used to collect rents from the sub-tenants of her various houses, this money she sent away to charity, but the Corporation now collects these rents towards her unpaid rates.

When the case was first reported to the department, she was found to be living in filth and squalor surrounded by empty milk bottles, rags and junk in one basement room. A dog, three cats and herself shared a communal bed—an old broken down couch—and the floor was used as a general toilet, day and night. The windows were never opened and the animals were never allowed out.

The old lady has made a will in favour of a church body and she point blank refused to spend one penny on personal needs. She had no gas or electric light. Her admission was arranged to a charitable establishment for the aged, but she proved extremely difficult there and was discharged to a private nursing home where she refused to pay and was sent home. During this period the department cleared several loads of junk and filth and the Royal Society for the Prevention of Cruelty to Animals took care of the animals.

Since then the department has had to have her removed twice under Section 47 of the National Assistance Act. A neighbour was found who was willing to care for the woman, provide her food, bedding, clothing, etc. Arrangements were made that this lady should keep her accounts and it may be possible for her to be compensated out of the estate. Even the undertaker responsible for the funeral of the sister of this old lady still remains unpaid.

3. A female handicapped person, aged 47 years, suffering from disseminated sclerosis, had been known to the department since 1961. Since the death of her mother in the autumn, the handicapped person had been on her own during the daytime whilst her sister was at work at a maternity home. In order to enable the handicapped person to have access, in her wheel-chair, from room to room downstairs, structural alterations have been done for her which have given complete satisfaction to all concerned.

She attends the Wheel-Chair Club at Westminster House each week.

4. A recent admission to a hostel was an elderly lady who had been living with her married only daughter in a two-bedroomed flat. The mother resented her daughter"s marriage although she had never openly expressed this. The daughter was affected emotionally and her loyalty was torn between her husband and her mother. The result was that the daugher had psychomatic illnesses which her mother could not cope with.

It had never been their intention to live together and a "short stay" had become one of five years. The situation in this household could only be relieved by the mother leaving the flat. A short stay was arranged for her at Southport and during this time her daughter's health improved. A permanent place in a hostel was obtained for the mother and she is now happily settled.

5. A 72 year old widow lived alone in a two-roomed Corporation flat of the old type. She was referred to the department because of arrears of rent. She lived in a state of clutter and filth and seemed unwilling to make the necessary effort to see that the rent was paid each week. Her National Assistance allowance was stopped because of non-payment of rent. Although the old lady was offered a vacancy in an aged persons' hostel, she preferred to stay in her flat and it became apparent that a social welfare officer would have to visit each week to see that the rent was paid. Arrangements were made with the National Assistance Board that a supplement to pension would be paid on production of the paid-up rent book. It took weeks of patient visiting before she accepted this routine, the visitor often having to 'knock up' the unco-operative tenant at 12 noon.

The constant supervision has had other results—she was willing to have the flat disinfested and much of the rubbish removed, to be replaced by other furniture, including a bed which had been given to the department. With the co-operation of the Court Missionary of a religious social agency, who was also visiting, the windows in the flat were all replaced and curtains hung. She has been encouraged to take a pride in herself and her flat, and positive results have been seen.

6. A woman, aged 68 years, was the owner-occupier of a large house in the centre of the city and had been living alone for many years.

For some time efforts had been made to contact her as it was known that she harboured rubbish collected from the streets and that she was in poor health. Every day she left the house early in the morning and did not return until midnight. She was seen, however, by a welfare officer at the Pier Head, agreed to receive the officer at her home next day, but did not keep the appointment.

Public Health Inspectors had also met her in the street and she agreed to an arrangement to be at her house to have the rubbish removed. A welfare

officer, together with Public Health Inspectors and men from the Cleansing Department, went to the house but could get no reply and after waiting half an hour a neighbour said she was in a cafe nearby. She was persuaded to return to her house and readily agreed to sign the forms to have the rubbish taken away. Before they could get to the front room it took the men two hours to empty the hall, in fact the whole operation took over a week to complete with a gang of men working all day before the house was finally cleared.

On the first day the old lady supervised the rubbish going into the van and kept taking articles back into the house. It was pouring with rain and by late afternoon it was realised it would be necessary to take her into care overnight. She agreed to go to a hostel on the understanding she could come back to her home next day to see what the men were doing. The next day, however, she had forgotten all about her house and was quite content to settle down in the hostel and would have stayed there but a daughter, who lives outside Liverpool, came for her mother and was allowed to take her to live with her on the understanding she did not let the elderly lady return to her house in Liverpool which was considered unfit for habitation.

Removal to Suitable Premises of Persons in need of Care and Attention.

It was considered necessary on twenty occasions during the year for the Department to invoke the provisions of the National Assistance Acts, 1948 and 1951, in regard to the compulsory removal from their own homes of persons needing care and attention.

Fourteen persons (one of whom was removed on two separate occasions) were removed because they were suffering from grave chronic disease and five because they were aged, infirm and living in insanitary conditions. Seventeen persons (one on two separate occasions) were admitted to hospital and two to residential accommodation.

Of the total of nineteen persons involved, it was ascertained that, at the end of the year, six were still in hospital or residential care, four had returned home and eight had died. The patient who had been removed on two occasions also died subsequent to readmission.

Mobile Meals.

Reference was made in the report for 1962 to the fact that the provision

of additional transport for the mobile meals scheme was a possibility. Increased vehicles were in fact provided and there was a progressive increase in the numbers of persons receiving mid-day meals from 491 at the end of 1962 (5,969 meals per month) to 737 (8,728 meals per month) at the end of 1963. When it became possible for still further transport to be made available, the numbers of meals carried on each van were reduced so that in the event of emergencies more persons could be supplied. The department's homes at Melwood House and Cavendish House which were opened during the year are now playing their part in the preparation of meals; and, as further establishments are opened, they will be able to add their quota to the general supply. Consideration has been given, in drawing up the operational plan, to the ultimate closure of Westminster House and the loss of its cooking potential, but by the end of 1965 a target is being aimed at of about 3,000 meals a week, i.e. to about 1,000 persons.

In addition to supplying elderly and needy persons in their own homes, it has been found possible to send a number of meals to the centres for handicapped persons, an amenity which has proved to be very much appreciated.

Rest Centres for Elderly Persons.

There are now four rest centres for elderly persons in the city, three being run in co-operation with the Women's Voluntary Service at Paradise Street, Sheil Park and the Pier Head overlooking the River Mersey. The fourth was opened during the year in the Woolton area by the Liverpool Old People's Welfare Council, the City Council having provided the site works. As part of its future planning the department contemplates building a small number of additional centres where rest centre and luncheon facilities, laundry and chiropody work can be combined with a mobile meals kitchen.

Registration of Disabled Persons' and Old Persons' Homes.

26 homes are registered with the authority, 16 administered by voluntary bodies and 10 by private individuals. These establishments are subject to inspection by officers of the department to ensure that satisfactory standards are maintained having regard to the provisions of the National Assistance (Conduct of Homes) Regulations, 1962.

Welfare of Handicapped Persons.

Blind Welfare Statistics

The following table gives statistical information in respect of the last three

years in regard to the results of the examination by ophthalmic surgeons of persons who were referred because their vision was so defective that they might be regarded as blind or partially sighted:—

Year	Number Examined	Registered as Blind	Registered as Partially Sighted	Not Blind
1961	228	163	53	12
1962	204	138	60	6
1963	152	104	43	5

Statistical tables in regard to registered blind and partially sighted persons are contained in the appendix (tables 39 to 43). The number of persons on the register of the blind has been declining steadily for some years and this is illustrated by the following results:—

Year	Number on the Register
1953 ...	1,688
1955 ...	1,681
1957 ...	1,614
1959 ...	1,566
1960 ...	1,557
1961 ...	1,549
1962 ...	1,528
1963 ...	1,488

Blind Employment.

The following are details in respect of the numbers of blind persons who were engaged at the 31st December, 1963, in various trades operated at the two workshops for the blind in Liverpool:—

Workshops for the Blind, Cornwallis Street :—		
*Basket making	11	
Brush making	21	
Mat making	28	
Upholstery	6	
	—	66
Catholic Blind Institute, Brunswick Road :—		
Basket making	1	
Mat making	2	
Machine knitting	5	
	—	8
TOTAL ...		74

*Includes one employee, partially sighted.

There was considerable discussion during the year with the National League of the Blind and neighbouring local authorities in regard to the wage rates paid to blind workshop employees. It was eventually agreed to upgrade their wages from Group II to Group IV of the Whitley Council rates for manual workers.

The following numbers of blind persons were engaged in sighted industry:—

Agents and Collectors	3
Basket Maker...	1
Cleaners and Porters...	4
Fitters and Assemblers	16
Groundsman	1
Labourers	3
Machine Tool Operators	32
Managers, etc.	2
Masseurs	2
Musicians	2
Packers, etc.	11
Piano Tuner	1
Process Worker	1
Shop Assistant	1
Shopkeepers, etc.	4
Social Welfare Officers, etc....	4
Solicitors, etc.	2
Storekeeper	1
Teachers, etc....	2
Telephonists	8
Testers, Inspectors, etc.	4
Typists, etc.	6
Upholsterer	1
Total	112

The following numbers of blind persons were employed in the scheme for home workers and their earnings supplemented by the City Council:—

Chair Seater	1
Hawker	1
Knitter	1
Musicians, etc.	3
	6

Sir Robert Jones Workshops.

These workshops, which now act for the local authority on an agency basis, employ about 70 severely handicapped persons mainly in the trade of bookbinding and printing, for whom Liverpool is responsible for roughly 65. A capitation payment at the rate of £320 for each approved disabled person will be made during the year ending 30th June, 1964, in respect of which there will be a credit by way of a grant from the Ministry of Labour. It was interesting to note that the deficiency, before taking into account the capitation payments, was below that for the previous year and this reflected the efforts of the management committee to absorb increased outgoings from its own finances.

Deaf and Dumb Welfare.

The City Council continued to grant aid the two voluntary bodies, namely, the Liverpool Adult Deaf and Dumb Benevolent Society and the Catholic Deaf and Dumb Society of St. Vincent de Paul, which carry out on behalf of the local authority a welfare service to registered Liverpool residents.

The consultative committee consisting of representatives of the Merseyside local authorities and the voluntary bodies met early in the year, and, in addition to a discussion on matters of common interest, an interesting address was given by a representative of the National Institute for the Deaf on a venture to encourage young deaf and dumb to take part in a number of outdoor activities in the Lake District.

Epileptics.

There are 89 epileptics receiving care at the cost of the local authority, in three establishments administered by voluntary organisations and in one by another local authority.

Parking of Vehicles.

During the year a number of badges were issued to drivers to display on their invalid vehicles with the object of helping the police to assist drivers in parking and to exercise discretion in their favour whenever possible. Since the issue of Ministry of Health Circular 17/61 on this subject a total of 154 badges have been issued.

Structural Adaptations in Homes of Disabled Persons.

Several applications were approved during the year to bear the cost of structural adaptations at the homes of disabled persons mainly to facilitate the garaging of invalid vehicles and chairs. These adaptations have included the provision of ramps and carriage crossings and alterations to paths, doors, fences, walls, etc. These amenities have proved most beneficial to the handicapped persons concerned and have helped to overcome the effects of their disabilities.

100 Walton Village.

The following organisations still make good use of the premises at 100 Walton Village for social and recreational purposes:—

Disabled Drivers' Association.
Inskip League of Friendship.
Liverpool Hard of Hearing Club.
Liverpool Spastic Fellowship (Day Centre).

Centres for Handicapped Persons.

The four centres established at Garston, Mill Street, Knotty Ash and Walton Village were well attended during the year.

Twelve handicapped people joined a party on a holiday to a holiday camp at Morecambe in September. Eight of these attend the Handicraft Centres and four were from the Turner Memorial Home of Rest. The holiday was enjoyed by everyone and in some instances was the first in a person's life.

Two day outings took place during the summer for handicapped persons attending the handicraft centres, the first in July to Fleetwood, and the second in September to Rhyl.

The Christmas Party was held on 7th December at the Adult Deaf and Dumb Institute. It was attended by all those who normally attend the centres and their helpers. Entertainment was provided by three contrasting groups and continued until transport arrived to take people home.

Protection of the property of persons admitted to hospital or residential Accommodation and Estates of Deceased Persons.

During the year a total of 2,000 visits and revisits were made in connection with the property of persons admitted to hospital or residential

accommodation and also in connection with the affairs of deceased persons whose funerals were undertaken by the department. A number of cases were the subject of reports to the Duchy of Lancaster, where the estates were solvent after paying for the costs of the funeral and where no next of kin or wills could be traced. A sum of £3,244 was recovered from various sources and placed for safe keeping with the City Treasury.

Of the total cases dealt with 54 were referred by the police including 37 persons found dead at home or elsewhere, the other seventeen had been taken ill and removed to hospital.

HOUSING POINTS SCHEME

Details of Scheme

The allocation of points is designed to enable the Medical Officer of Health to give assistance in those cases which, for reasons of health, should receive some degree of priority in rehousing. There are two forms which this assistance may take:—

1. Additional points may be awarded and added to the applicant's basic points. For general medical cases a maximum of five points can be given. In many cases this brings the applicant into the allocation group and he is assured of reasonably early rehousing.

2. By arrangement between the Director of Housing and the Medical Officer of Health, 180 new lettings are made available each year for urgent priority rehousing on health grounds; 100 of these are allocated for the rehousing of families in which tuberculosis has been diagnosed. The remaining 80 premises are available, at the discretion of the Medical Officer of Health, for the urgent priority rehousing of families in which there are medical conditions other than tuberculosis.

In all cases recommended for urgent priority, the Director of Housing notifies the Medical Officer of Health whenever an offer of accommodation is made to the patient. This is followed later by a notification of acceptance or refusal on behalf of the patient. If the offer has been declined, the Director of Housing is notified whether or not the refusal is justified on medical grounds. If this is so, then an offer of more suitable accommodation is made as soon as possible.

HOUSING PRIORITY FOR GENERAL MEDICAL CASES

General Medical Cases

During 1963 a total of 8,427 applications were received, from all sources, for assistance in relation to housing difficulties; 3,765 of these applicants were not tenants of municipal accommodation, but sought priority for rehousing in Corporation premises. Housing points were awarded to 654 of these applications: 156 were recommended to the Director of Housing for special priority rehousing. Of the total applications, 4,662 related to transfers between municipal premises: 746 of these transfer applications were recommended, upon medical grounds, to the Director of Housing.

Four Representative General Medical Cases

As examples of the type of case assisted during 1963, particulars are given of the following four cases:—

1. A young girl, suffering from severe epilepsy, was unable to receive adequate care and attention owing to the lack of facilities in the old house in which the family lived. This family was rehoused to a three-bedroomed house, with a garden, in which the patient could play.

2. A woman, after the death of her husband, was admitted to Rainhill Hospital for treatment. Her three children were put into the care of the Children's Department. During this time she lost the tenancy of her house, privately owned. On her discharge from hospital she was rehoused in a three-bedroomed house.

3. A young woman suffering from rheumatic heart disease lived in a very dilapidated house, with her husband and four children. She had great difficulty negotiating the stairs. This family was rehoused in a three-bedroomed house.

4. A young woman, suffering from a serious and progressive condition, required domestic and nursing assistance from her family during her husband's absence at work. This family were given adequate accommodation adjoining a flat occupied by the mother of the patient.

Residents Outside City Boundary

Where an applicant is a sub-tenant in one of the new Liverpool housing estates outside the City boundary and is on the City housing register, contact is made with the local authority concerned and a housing report and medical certificate obtained. The case is then assessed in the usual manner.

For housing applicants who already live in Corporation property and for medical reasons request a transfer, a close liaison exists with the Housing Department. A letter of recommendation from the Medical Officer is usually sufficient to obtain the necessary transfer.

TUBERCULOSIS CASES

In tuberculosis cases a report is always submitted, by the tuberculosis visitor, giving such details as the type and extent of the disease, state of infectivity and any family history of tuberculosis, along with details of the present housing conditions. Extra housing points to the maximum of five can be awarded, while those cases which appear to be sufficiently urgent to merit special priority are visited personally by a medical officer, who may recommend their inclusion in the special tuberculosis priority scheme. The number of cases rehoused under the special priority scheme during 1963 was one

hundred being the full quota allocated to cases of tuberculosis. As an example of the type of case assisted the following two cases are typical:—

Two Representative Tuberculosis cases

1. A sufferer from active tuberculosis whose wife had died six months previously, was compelled to board his four young children with foster parents. Financial circumstances had compelled him to sell his house at a loss. He made an effort to buy another small house, which was, in any case, unsuitable medically, but was unsuccessful. He was recommended for special tuberculosis priority housing and allocated to a three bedroomed house.

2. Another case of active tuberculosis was living with his wife and five young children in one room which was used for all purposes, including sleeping, cooking, washing and drying clothes. The mother, father and a child of five years all slept in one divan bed. The house had no provision of hot water or a bath. They were recommended for a three bedroomed house and were found suitable accommodation under the special tuberculosis priority scheme.

MEDICAL EXAMINATIONS

Statistics

During 1963, at total of 3,026 medical examinations of employees were carried out by the medical officers in the Health Department. These examinations were of three types—(1) for entry into Corporation service for officers, (2) for entry into the superannuation scheme for manual workers, (3) by reason of extended sickness. Sixty-four candidates were examined on behalf of other local authorities. Of the examinations undertaken for the Corporation, 1,113 were for new appointments of officers, 1,302 for admission of manual workers to the superannuation scheme and 437 were examined on account of extended sickness.

Included among these is a total of 41 Mersey Tunnel workers, who are given periodical examinations because of the nature of their work, and six employees of the Water Engineer's Department undergoing special examination for work in compressed air on the shaft and tunnel under the Manchester Ship Canal from Norton to Prescot.

Several hundred reports were obtained from doctors in hospitals and general practice. In consultation with the patients' general practitioners and the hospital consultants, where appropriate, it was decided after medical examination that 190 were permanently unfit for work and should be retired, 32 manual workers were unfit for entry into the superannuation scheme and four officers were medically unfit to take up new appointments—a total of 226 persons, making 7·5 per cent of those examined. A list of the medical conditions causing unfitness appears in the following table:—

CAUSES OF UNFITNESS

Respiratory Diseases		Nervous System	
Chronic Bronchitis and Emphysema	63	Cerebrovascular Disease	7
Pulmonary Tuberculosis	6	Epilepsy	3
Carcinoma of Bronchus	4	Affections of Cranial and Peripheral Nerves	1
Other Respiratory Disease	7	Other Affections of Nervous System	9
	80		20
Cardiovascular Diseases		Orthopaedic Conditions	
Coronary Artery Diseases	46	Fractures and Injuries	5
Hypertension	43	Arthritis	30
Cardiac Failure	18	Spinal Lesions	5
Cardiac Arythmias	12	Infections and Other Orthopaedic Conditions	7
Other Heart or Circulatory Diseases	8		47
	127		

ALIMENTARY SYSTEM	
Gastric or Duodenal Ulcer	5
Alimentary Carcinoma	4
Gall Bladder	2
Small and Large Intestine	1
Other Diseases of Alimentary System	1
	13

DISORDERS OF BLOOD OR ENDOCRINE SYSTEM	
Blood	17
Endocrine	6
	23
PSYCHIATRIC	
Anxiety Neurosis	10
Depression	7
Hysteria	1
Mental Defect	2
Mania	1
Pre-senile Dementia	2
	23

In four cases more than one defect was the cause of retirement.

SUMMARY

ENTRY	
Male	19
Female	9
	28
RETIREMENT	
Male	117
Female	81
	198

Cardio-vascular and Respiratory Survey

The improvements in examination techniques developed during the previous year were subjected to a critical appraisal in an effort to ensure that any findings that might be of value for research into cardiovascular and respiratory diseases should be recorded in such a form as to bear ready comparison with the work of other investigators elsewhere in Great Britain or other parts of the world. In order to achieve this, standardisation of diagnostic techniques, of equipment and of the methods of asking survey questions is required. To this end discussion was held with other workers in this field taking part in World Health Organisation survey work and with the sponsorship of the World Health Organisation, the Principal Medical Officer in charge of this section was sent on a study course in survey techniques held in London. After much careful thought and detailed investigation, a questionnaire for cardiovascular and respiratory disease was formulated, which incorporated the best features of those surveys being carried out in other parts of the

world and still maintained comparability. In addition to this, the medical officers and nursing staff engaged on this work were given training in survey techniques within the department and their standards were tested with standard questionnaires and with standardised test tape recordings of interviews and of the taking of blood pressure measurements. It is pleasing to be able to report that all the observers trained in this way reached acceptable W. H. O. observer standards for inter-observer comparability. In addition, selected school medical officers, who were engaged in the investigation of blood pressures in school children, received training and standardisation to World Health Organisation standards in the taking of blood pressures.

Statistical Analysis of Results

The planning of the survey work has been directed towards simplifying, as far as possible, the ultimate statistical analysis of results and has taken into consideration the present trend in development of calculating aids. The data has been collected in a form that is suitable for the present existing punched card methods, but, at the same time, readily adaptable for use with electronic digital computers. This will mean that the data so accumulated will not only serve to give information to the present generation, but in years to come will still be available in a suitable stored form to help the research of the next generation.

Present Benefits

Apart from its research value, the section dealing with cardiovascular and respiratory investigations has proved to be of help in the assessment of individual cases. It has also proved rewarding in bringing to light two cases of unsuspected hypercholesterolaemia, two cases of unsuspected cardiac ischaemia and three cases of cardiac arythmias with defects of conduction. In all of these cases, the patients were able to benefit from these findings and had they not been detected early in the course of this work, unnecessary aggravation of the conditions might well have occurred.

ENVIRONMENTAL HEALTH CONTROL

Environmental Health

The year 1963 will be remembered for the attention focused upon the unsatisfactory housing conditions which continue to exist due to the acute shortage of housing accommodation. The "slum clearance" drive has been intensified and the problem of houses in multiple occupation is receiving special attention. A new Housing Bill before Parliament is expected to provide additional powers to expedite the procedure in dealing with unsatisfactory conditions in this type of letting.

The Offices, Shops and Railway Premises Act, 1963, received the Royal Assent on the 31st July, 1963 and this Act, when fully implemented, will involve a considerable increase of work in the public health inspectors section.

A large area of the south part of the City became subject to a Smoke Control Order on the 31st October, and whilst it is too early to assess the full impact of the Order, it is obvious there has been a remarkable reduction in smoke pollution in the area.

Recruitment of Staff

The shortage of public health inspectors continues and whilst five student inspectors obtained the Certificate of the Public Health Inspectors Education Board, qualifying for appointment as public health inspectors, thirteen qualified inspectors resigned to take up other posts. Five public health inspectors obtained the Meat and Other Foods Certificate of the Royal Society of Health.

Summary of Inspections

A total of 42,534 requests were received for inspectors to visit premises which necessitated a total of 76,587 visits to remedy the complaints. Altogether a total of 264,268 visits and inspections were carried out under various enactments and 23,564 notices were issued under the Acts and Byelaws.

Legal Proceedings

During the year 137 prosecutions were taken and the penalties and costs which were imposed amounted to £420. (See Table No. 49, Statistical Appendix.)

Work in Default

Reports were submitted to the Special Sub-Committee recommending work in default of owners be carried out to 397 houses. The expenditure incurred is recoverable under the appropriate enactment.

The Liverpool Corporation Act, 1955, empowers the Corporation to clear

Choked drains and drain testing

drains after giving 48 hours' notice. Notices in respect of choked drains numbered 1,607 and it was necessary for the Corporation to clear 117 drains in default of the owners. The cost incurred will be recovered in accordance with the Act.

Defective drains cause rodent infestation, flooding and subsidence. There were 1,622 drainage systems tested to remove these problems and notices were issued in respect of 705 drainage systems which were found to be defective. In addition, 45 choked or defective public sewers were referred to the City Engineer's Department for action under the provisions of Section 24 of the Public Health Act, 1936. The cost incurred will be subsequently recovered from the owners of the property involved.

Special Sub-Committee

The weekly meeting of the Special Sub-Committee has enabled immediate action to be taken to clear choked drains and remedy other urgent defects. This procedure constantly reduces the period of time during which tenants could suffer discomfort.

Other departments have co-operated by forwarding 27,500 references in respect of matters requiring the attention of inspectors and 3,705 references were forwarded to other departments.

Infectious Diseases

Inspectors visit houses to make enquiries following notification of certain infectious diseases. The number of visits to premises in connection with cases of infectious disease amounted to 1,689 and the number of enquiries regarding contacts to 459.

Food Poisoning

Investigations have continued in connection with ingestion disease enquiries when the inspectors have obtained information about contacts and modes of infection. The number of specimens submitted for bacteriological examination amounted to 5,163 from 3,352 persons, of which 816 from 576 persons proved positive.

Common Lodging-houses

There are thirteen registered common lodging-houses in the City, twelve provide accommodation for 930 males and one provides accommodation for 94 females. The constant supervision maintained by the inspectors has ensured that the premises continue to maintain an improved standard of cleanliness and during the year, all the registered lodging-houses were satisfactory. The public health inspectors made 253 visits, both day and night, resulting in 31 notices being issued in respect of byelaw infringements and on 27 occasions it was necessary to give the keepers a verbal warning.

A total of 9,174 beds were examined and 841 beds and articles were found to be verminous, 815 being cleansed by the local authority and 26 articles being destroyed under the supervision of the public health inspectors.

Seamen's Lodging-houses

There is a total of nine seamen's lodging-houses in the City, five are unlicensed and four are licensed, under byelaws. These houses provide satisfactory accommodation for British seamen and many other nationalities, including Chinese, Arab, Somali and Indian. The total accommodation available is 807 beds and public health inspectors made 88 day and night inspections. Infringements of the byelaws were reported on ten occasions and the necessary action was taken to comply with the requirements of the legislation. A total of 8,030 beds were examined during the inspectors' visits to the premises and all were found to be satisfactory.

The Removal of Remains

Under the terms of licences issued from the Home Office, Inspectors supervised the exhumation of 237 bodies during the year and the remains of five persons were shipped abroad.

Filled-up ground

Inspections of trial holes were made on 22 filled-in sites to ascertain whether the ground was free from faecal or offensive animal or vegetable matter, and that the sites were suitable for building purposes.

Canal Boats

The Docks and Inland Waterways Executive, North Western Division, are the proprietors of the Leeds and Liverpool Canal, the only canal having direct communication with Liverpool. The length of the waterway within the City (exclusive of the locks communicating with the dock estate) is approximately three miles.

Liverpool is one of several registration authorities for boats used as dwellings plying on the canal. The details of the boats registered by the authority are indicated in Tables "A" and "B".

TABLE A

	Number of Boats
Boats on the register 1st January, 1963 ...	68
New boats registered	Nil.
Boats removed from the register ...	16
Boats on register 31st December, 1963 ...	52

Sixteen boats ceased to be used as dwellings during the year and were removed from the register.

Type of Boat

TABLE B

Number and type of boats registered :—

Motor propelled boats	30
Steam propelled boats	13
Motor towed boats	9
Steam towed boats	Nil.
Horse drawn	Nil.
	52

67 inspections of canal boats were made during the year and the places of registration of the boats were as follows:—

No. of Boats Inspected

TABLE C

Number of boats visited	67
Registered at Liverpool	30
Registered at Runcorn	2
Registered at Manchester	Nil.
Registered at Leeds	Nil.
Registered at Northwich	Nil.
Boats not registered and not used as dwellings	35

Inspections by Port Health Authority

The inspectors of the Port Health Authority made 40 inspections of canal boats in the docks during the year.

Infectious Disease

No case of infectious sickness was reported as having occurred during the year on any canal boat visiting the district.

Population on Canal Boats

The number and sex of persons found in occupation of the 67 canal boats used as dwellings are included in the following table:—

TABLE D

Population of canal boats:	Men	104
	Women ...	Nil
	Children ...	Nil
		104
Distributed as under :		
Males		104

HOUSING AND SLUM CLEARANCE

There was a considerable increase in the number of houses included in Clearance Areas in 1963, indeed the total of 2,405 dwellings represented as unfit, which also includes 228 individual unfit properties, is the highest in the post-war years. Although this achievement is gratifying, the often quoted words must be repeated "much still remains to be done", and the target for 1964/65 is very much higher.

It is, therefore, of high importance that, commensurate with the increased momentum of representations, land be made available for the erection of new dwellings, so as to prevent a build-up of unfit dwellings in confirmed Orders.

There is no doubt that some of the worst housing conditions today are to be found in the larger three-storey dwellings, many of which were built early in the Victorian era and are now in multiple occupation. During the year, 240 such dwellings, occupied by over 1,000 families, were represented as unfit for human habitation. Some, dealt with under the individual unfit house procedure, were the subject of appeals in the County Court against the Committee's decision to make Closing Orders. The appeals which were successfully contested involved five houses occupied by 114 persons.

Slum Clearance Progress

Of the houses surveyed, having regard to the standard of fitness, 2,405 were represented under the provisions of the Housing Act, 1957, 2,177 being included in 30 Clearance Areas.

The number of Compulsory Purchase Orders made and submitted for confirmation has also been increased; 1,572 dwellings in fifteen Clearance Areas were made the subject of Compulsory Purchase Orders and 1,979 houses included in twelve Compulsory Purchase Orders were submitted to the Minister of Housing and Local Government for confirmation.

Public Inquiries

Of the Compulsory Purchase Orders submitted for confirmation, four were unopposed and six public inquiries were held in respect of ten Orders, a total of 1,992 dwellings being included in these Orders.

Orders Confirmed

A total of 1,041 houses in twelve Compulsory Purchase Orders were confirmed showing a very considerable increase over the previous year.

Rehousing

Although the figure of 1,425 families rehoused from dwellings included in Compulsory Purchase Orders shows a slight reduction on the previous year, the overall figure of families rehoused from dwellings classified as unfit shows a slight improvement.

Individual Unfit Houses Part II of the Housing Act 1957

The Demolition and Closing Orders (Special) Sub-Committee again dealt with a large number of individual unfit houses under the provisions of Part II of the Housing Act, 1957. A total of 177 dwellings occupied by 294 families were represented to the Sub-Committee as unfit for human habitation.

Demolition and Closing Orders made during the year

During the year, the Sub-Committee considered the condition of 189 houses. Of these, the Sub-Committee resolved that Demolition Orders be made in respect of 22 houses and Closing Orders be made on 158; five were deferred pending reports on offers of works to be submitted by the owner and undertakings not to re-let were accepted on the remainder.

Demolition and Closing of Individual Houses

Following upon the rehousing of the occupants from premises subject to operative Orders, 184 houses were demolished and 138 closed. The representation of rooms and parts of premises occupied as separate dwellings which are unfit for human habitation is carried out under the provisions of Section 18 of the Housing Act, 1957, and during the year, 51 such dwellings were represented.

Orders made

After due consideration the Sub-Committee resolved to make 49 Closing Orders on parts of premises and the remaining representations had still to be considered at the close of the year. Sixty-one families were rehoused from lettings subject to operative orders made under Section 18 of the Housing Act, 1957.

Rent Act, 1957

A total number of 31,127 visits have been made to dwellinghouses by public health inspectors under the provisions of the Rent Act, 1957, since the Act became operative on the 6th July, 1957. A total of 8,506 applications for certificates of disrepair and 1,236 applications for the cancellation of certificates of disrepair have been received during the year. Applications totalling 3,206 have been received from tenants applying for certificates for non-remedying of defects which were specified in the undertakings given by landlords, and owners have made 2,339 applications for certificates as to the remedying of defects specified in the undertakings given to the tenants.

Statistical Details 1963

Total number of applications for Certificates of Disrepair	250
Applications withdrawn	16
Number of Notices served on landlords of the Local Authority's intention to issue Certificates of Disrepair (Form J)	243
Number of Undertakings to carry out repairs received from landlords (Form K)	137
Number of Certificates of Disrepair issued to tenants (Form L)	80
Number of landlords who completed the repairs within the statutory period following the service of Form J	17
Number of applications (Form O) from tenants who have applied after owners have failed to comply with undertakings given (Form H or K)	24
Number of Certificates (Form P) issued to tenants ...	16
Number of applications (Form O) from owners who have completed their undertakings	80
Number of Certificates (Form P) issued to owners ...	66
Number of applications (Form O) not finalised during the year	22
Number of applications (Form M) received from owners for a cancellation certificate	51
Number of objections to cancellation received from tenants	23
Number of cancellation certificates issued	40

Cancellation of Certificate of Disrepair

Following the issue of the certificate of disrepair the landlord may appeal to the County Court if he is not satisfied that all defects as listed on the certificate should have been included. Similarly, the tenant has also the right of appeal if he does not accept the decision of the local authority regarding the cancellation of the certificate upon the application of the owner.

Certificate of Disrepair

The tenant is entitled to reduce the rent payable in respect of the dwelling until such time as the defects specified on the certificate have been satisfactorily remedied; also following the issue of an undertaking, if the owner fails to complete the necessary repairs within the statutory period of six months, the tenant is again entitled to reduce his rent until such time as the defects have been remedied.

Right of Appeal

If the local authority refuse to cancel the certificate the owner is entitled to appeal to the County Court. The tenant also has a right of appeal to the County Court should the local authority cancel the certificate following the objection being lodged by the occupier within the statutory period, if he is not satisfied with the works which have been carried out to the premises.

Improvement Grants

During the year, 793 premises were inspected following enquiries regarding Improvement Grants and of 148 formal applications for Discretionary Grants 120 were approved. There were also 134 formal applications for Standard Grants, 111 of which were approved.

The year ended with a Housing Bill before Parliament and it is possible that when the new legislation is passed there will be some modifications to the existing procedure in connection with Improvement Grants.

Loans on Mortgage

The local authority considered applications for loans on mortgage from prospective owner/occupiers of dwellinghouses situated within the City boundary and during the year, 949 premises were inspected for this purpose.

Overcrowding

During the year, 447 families were reported to the Director of Housing who, unfortunately, is not in a position to provide all the dwellings required to rehouse these families living in overcrowded conditions.

Cellar dwellings

There are some basements still being used as separate dwellings and, when located, appropriate action is taken. All such cases are reported to the Director of Housing and in some instances action is taken under the Liverpool Corporation Act, 1921, or the Housing Act, 1957.

Houses owned by the Local Authority

The total number of dwellings owned by the Local Authority at the 31st December, 1963, excluding temporary bungalows, was 77,688.

The number of houses built in the last three years under the Housing Act, 1957, Part V, is 6,320; the number of houses built for which subsidy is payable under the Housing Subsidies Act, 1956, at the 31st December, 1963, was 11,924, and the number of houses built for which subsidy is payable under the Housing Subsidies Act, 1961, at the 31st December, 1963, was 1,571.

SHOPS ACT

Administration of the Shops Act, 1950, and Young Persons (Employment) Act, 1938

The general duties under the Shops Act have been limited during the year by the concentration of inspectors on other urgent duties. Inspections and investigations have therefore been limited to dealing with complaints, mostly in respect to the closing hours.

Young Persons

Enquiries concerning the conditions under which certain young persons are employed have also been dealt with, but infringements were found to be of a technical character, mainly connected with the keeping of records or the exhibition of prescribed notices.

Closing hours of shops

Exemptions

The introduction in the central area of the City of extensive exemptions from the early closing day provisions of the Act has not had any marked effect on the desires of shopkeepers outside the exempted area. Some enquiries have been made, but these have mainly been from individual traders. Towards the end of the year, however, an application was received from one trade association, and this is now being investigated with the purpose of ascertaining the number of these particular traders who are in favour of exemption on the half-day. The operation of the recent exemptions has been smooth and free from serious complications. The majority of shops are making use of the new freedom, but a number of shops have continued to close on either Wednesday or Saturday.

Staff reactions to six-day trading

It is, no doubt, significant that there have not been any complaints from shop assistants arising out of the changes created by the exemption of shops from half-day closing. In fact, it would appear, that staffs generally have benefited, in that many of them now enjoy a five-day working week.

Complaints in trading

Complaints are received from time to time from small shopkeepers regarding the non-observance by their competitors of the closing requirements, especially in the evening and on Sunday. These complaints illustrate the serious difficulties created by the present anomalous differences in the closing hours imposed for various commodities sold in general shops. In many instances enforcement is ineffective and successful court proceedings do not act as deterrents, especially in those cases where the shopkeeper desires to trade whenever he feels business is available.

New legislation

There are indications that the Government are to review the present closing provisions of the Act, and having regard to all the prevailing circumstances one cannot help but feel that the time is opportune for certain

closing restrictions to be repealed. The only alternative is to establish complete prohibition of all retail sales (other than medicines and medical and surgical supplies and refreshments for consumption on the premises) at and after a fixed hour. It is doubtful, however, whether this would be practicable, because all sorts of commodities will also be considered to warrant exemption, with the result that the situation will prove little different from that which now prevails.

Protection of staff

The protection of all shop assistants and other persons employed in retail distribution is the paramount consideration, and, provided the necessary conditions of employment are guaranteed and observed, it would seem that shopkeepers ought to be given the opportunity of keeping their shops open as late as is necessary. This would not prevent shopkeepers from applying voluntary early closing as the majority of them are now doing, two or three hours earlier than the Act prescribes.

Inspections

A total of 48,285 inspections of retail shops of all classes, cafes, clubs, hairdressers, warehouses, pet shops, also places of entertainment have been made during the year. These are in addition to the routine and special visits to shops on the early closing day, in the evening and on Sundays which totalled 6,459

Welfare Measures

The Offices, Shops and Railway Premises Act, 1963, with more comprehensive welfare provisions than those contained in the present Shops Act, has necessitated deferring the enforcement of many of the existing sanitary requirements. The action taken has been in connection with maintaining the existing facilities for employees, the requirements for meal intervals, half-holidays for assistants, compensatory leave in lieu of Sunday employment, and the supervision of the hours of employment of young persons (under 18 years of age). This work has been done during routine inspections and special enquiries. The infringements reported were of a technical nature and were dealt with either by informal or formal action.

Hairdressers and Barbers

Work in connection with the provisions of Section 42 of the Liverpool Corporation Act, 1955, and the Byelaws made thereunder in respect of hairdressers, has been of a routine character, mainly concerned with the registration of new businesses, transfers to new owners and follow-up inspections on the completion of structural and other works. A number of complaints regarding the use of dwellinghouses for hairdressing businesses have been investigated and referred to the City Planning Officer. This action has resulted in the discontinuance of these businesses.

Registrations and Inspections

During the year, seventeen new registrations and sixteen transfers of ownership were dealt with, and the total number of hairdressers and barbers on the register at the end of the year was 721. There were 152 inspections, and eleven infringements were dealt with by special letters.

Places of Entertainment

There are 43 cinemas, theatres and other places of entertainment in the City, and evening and day visits were made to all these establishments. Defects numbered 28 and were satisfactorily dealt with by the managements. Inspections of bowling centres and dance halls have also been carried out and appropriate informal action taken where necessary.

Pet Animals Act, 1951

There were 53 licences issued during the year in respect of persons carrying on the business of dealers in pet animals. Visits made to these premises totalled 75 and 21 infringements were dealt with by special letter. The Liverpool Fire Service dealt with fire precautions and their recommendations were made special conditions of the licences.

Animal Boarding Establishments Act, 1963

This new enactment, which comes into force on the 1st January, 1964, is modelled on the Pet Animals Act, 1951, and provides for the licensing of and the maintenance of satisfactory conditions in kennels and other establishments in which dogs and cats are boarded. Enquiries are now in progress in preparation for the implementation of this Act.

FACTORIES INSPECTION

Co-operation with Government Inspectorate

The Factories Act, 1961, provides a limited power so far as district councils are concerned, as the major responsibility of administrating the provisions of the Act rests with H.M. Inspector of Factories. Special problems, however, arise which are best solved by close contact between this officer and the public health inspector, and this co-operation has been a most effective instrument in the administration of the Act in this City.

The Stanley Abattoir

An arrangement of this nature is a particular advantage in such places as Stanley Abattoir where there is a multiplicity of trades, processes and activities which are the concern of the Factories Inspectorate and the Health Department.

Food Factories

In factories where food is processed or manufactured the duties of the public health inspector include action in respect of conditions which may be prejudicial to the health of the staff and, in addition, he is responsible for seeing that the appropriate requirements of regulations relating to the production of clean and safe food are observed by all persons handling food. This duty covers the canteens of factories where food may be supplied or sold for consumption on the premises.

Annual Report on Factories

Under Section 153 of the Factories Act, 1961, the Medical Officer of Health is required to include in his annual report, particulars with regard to the administration of the Act and the prescribed particulars are given in the statistical appendix (Table No. 47).

Outworkers

Employers who engage outworkers are required by the Act to submit returns twice a year giving the names and addresses of those persons who have undertaken this work. The premises in which they operate are visited to ensure that environmental conditions are satisfactory.

Details are are follows:—

(1)	Number of outworkers during the year...	258
(2)	Number of returns received from other authorities ...	8
(3)	Number referred to the Medical Officers of Health of districts outside the City	16

Offices and Workplaces. New protective Legislation

The Offices, Shops and Railway Premises Act, 1963, was promoted to make provisions for securing the health, safety and welfare of many classes of persons who have hitherto not enjoyed the protection of legislation which has been the prerogative of industrial workers for many years.

The new Act will probably come into force on the 1st August, 1964, but advantage is being taken of the intervening period to organise the administration and registration of affected premises and enable members of the department to familiarise themselves with the main provisions of the Act and the various Regulations which are to be issued by the Minister.

This type of protective legislation is revolutionary so far as sedentary workers are concerned but experience has shown that some measure of enforcement is essential to improve the deplorable environmental working conditions of many persons engaged in non-industrial employment.

This department has long been aware of the unsatisfactory conditions that exist in many offices and, in the absence of powers of enforcement, the inspectors have often considered it advisable to draw the attention of employers to matters such as inadequate heating, lighting, washing facilities, etc., in an effort to improve conditions and to promote the idea that a hygienic working environment is an asset to health and welfare and is frequently an economic advantage to business. The number of enquiries which have been received in the department during recent months indicate that considerable interest has been aroused with regard to the application of the Act among employees, commercial and business concerns and architects.

It is evident that new buildings will, in general, meet the requirements of the new Act, but difficult problems will be encountered in aged property, particularly in those premises which are multi-let and occupied by different types of businesses and it is likely that the assistance of the department will be sought with the object of clarifying many of the enigmatical situations which will arise in this type of business building.

H.M. Factories Inspectors and the Act

For many years it has been the policy of the department to keep a fairly close contact with H.M. Inspector of Factories in respect of matters arising out of the Factories Act and in respect of certain industrial nuisances. This liaison will undoubtedly be an advantage in the administration of the Offices, Shops and Railway Premises Act. Apart from the fact that it will be the duty of the factory inspectorate to inspect and enforce the provisions of this Act in offices occupied by a local authority it is evident that the responsibilities of Corporation officers and H.M. Inspectors will frequently overlap or be associated in many ways and the fact that liaison had already been established will obviate conflicting decisions and help in smooth administration.

In view of the imminence of the new Act, visits to offices and workplaces during the year have been confined to the investigation of complaints of various kinds including the abatement of nuisances and in connection with queries relating to possible environmental and constructional standards under the new Act. Visits of this type numbering 1,467 revealed the existence of 133 defects, all of which were remedied.

Employment Agencies

These agencies are licensed annually and controlled by the bye-laws made under the Liverpool Corporation Act, 1927. Periodical visits are made to ensure that the conduct of these businesses is satisfactory and that the provisions of the bye-laws are being observed. At the end of the year, 30 licences were in force permitting agencies of this character to operate within the City.

Rag Flock and other Filling Materials Act, 1951

This Act controls the cleanliness of filling materials used in the making of upholstery, bedding and toys.

Manufacturers of these articles who use the classes and types of filling materials which are defined in the Act, must be registered. Premises where rag flock is manufactured, stored or sold are required to be licensed and the number of firms operating under these conditions are:—

Licensed to manufacture rag flock...	...	1
Licensed to store and sell rag flock	...	7
Registered for use of filling materials	...	80

Samples of filling materials which may be taken must conform with the standard of cleanliness laid down by regulations. The number of samples submitted to the prescribed analyst during the year was 22. These can be detailed as follows:—

Filling materials	No. of Samples
Rag flock	13
Cotton linters...	1
Coir fibre	1
Algerian fibre	1
Hair	2
Feathers	1
Woollen mixture felt ...	2
Cotton felt	1

All samples were found to conform to the requirements of the Act.

Industrial Nuisances.

Activities associated with industry and business are sometimes potential sources of nuisance and complaints relating to effluvia, noise, dust and waste steam are often the subject of investigation and enquiry.

Effluvia

A complaint of objectionable smell in a neighbourhood frequently indicates that long and frequent periods of observation may have to be undertaken before the smell can be detected and then traced to its source. Effluvia from any source is generally ephemeral in character and may occur at different times of the day or night and possibly only then for short periods. The chances of an inspector visiting at the precise moment of emission are rare and in practice it is often necessary to patrol an area for many hours or days before the nuisance can be established.

Nuisances Abated

Certain nuisances are readily ascertained and remedied immediately by contacting the owners of the business or by serving an abatement notice. Examples during the year are burning of rubber waste in a garage, diesel fumes from a factory and the smell of paint solvent escaping into nearby houses.

Offensive Trades

A problem which has caused the department some concern for many years is effluvia from offensive trades and by-product plants which process and render innocuous animal waste, particularly in Stanley Abattoir. Within the curtilage of the Abattoir, there are several potential sources of obnoxious smells and the problem of ascertaining the actual activity or plant is rendered difficult by the fact that the various plants are under the control of different firms.

It has been proved that if the plants are operated with reasonable care, emissions of objectionable odours need not occur, but a careless act on the part of the human element or a mechanical breakdown may cause troublesome atmospheric conditions. As constant supervision is not always practicable an effort has been made by the inspectors to explain in detail the nature of the plants and processes to every employee and to indicate the possible causes which may give rise to the escape of effluvia into the atmosphere. Proprietors, foremen and charge-hands have been instructed to keep a close watch on the various operations so as to minimise risk of nuisance. The effect of this action has been encouraging as an offensive smell was only detected on one occasion during a period of six weeks when inspectors kept constant observation in the area on week-days and Sundays.

The number of visits made during the year to offensive trades was 1,138 and 170 nuisances were observed and abated.

Noise

Investigations with respect to excessive or irritating noise have covered a fairly wide field, although the number of complaints has been less than in previous years.

General matters which have demanded attention included the handling of milk bottles in the early morning, ice cream vendor's chimes, barking dogs and loud dance band music late at night.

Industrial Noise

The majority of complaints, however, concerned industrial activities and in particular machinery operating during the night. Enquiries into this type of complaint often necessitate visits during the early hours of the morning when background noise is at a minimum and a sound level instrument can be used with confidence.

The abatement of industrial noise frequently raises problems as legislation does not empower an authority to demand the closing of a factory or the cessation of a noisy operation or machine and this fact is seldom appreciated by local residents.

It is fortunate that industrial concerns are invariably co-operative and anxious to avoid giving offence, will generally accept the advice given by inspectors and take steps to minimise or eliminate troublesome noise. This attitude usually has the effect of satisfying complainants and relieving the department of the necessity for taking further action.

Dust

The relatively few complaints of dust giving rise to nuisance reflect the absence of any prolonged dry spells of weather during the year and in particular during the summer months. Granite dust, used in the process of concrete mixing, prompted the licensee of a public house to appeal for assistance as the dust was seen drifting into the bar and beer cellar. This was quickly remedied as the offending firm went out of business a day or two later.

Building operations and the removal of building debris were the cause of other nuisances of this type and, in one case, this continued for several weeks until construction was completed as no practical solution to the problem could be found.

Steam

Two cases of nuisances from spent or ejected steam were dealt with; one from a laundry was remedied by collecting the steam by a canopy and

ducting to a flue, and in the second case a fractured steam pipe was repaired.

Licensed Premises.

Control of Public Houses

Only a limited number of routine visits to public houses were possible during the year owing to other commitments of the staff, but close contact has been maintained with the supervisors of the brewery companies, who are responsible to their employers for effective control and management and for seeing that a good standard of hygiene is maintained. Competition in this business is so keen at the present time, that every effort is made by the respective companies to create a clean and comfortable environment which will attract and retain custom.

Senior inspectors have, on occasions, been invited to accompany supervisors when visiting licensed premises for the purpose of suggesting improvements and this has had the advantage of impressing licensees and their employees with the importance of clean food handling and that hygiene is an essential factor in the conduct of the trade. The 252 infringements which were observed in the 1,008 premises visited were mainly of a minor nature and were remedied without delay.

Washing of Drinking Utensils

Unsatisfactory methods of washing drinking glasses gave rise to three complaints only and these were dealt with by observation during the evening opening hours. In two cases warning letters were sent to a licensee and barmaid respectively as the complaints appeared to be justified. Revisits to the premises by other inspectors during the busy periods proved that this action had been effective.

Generally the standard of washing drinking utensils has improved and this is not only due to constant reference to this matter by inspectors and the brewery companies. Customers are becoming more fastidious and most licensees are anxious to be credited with the fact that they serve liquor in clean glasses.

Sanitary Accommodation

In the year 1956 there were 213 public houses in the City without separate accommodation for female customers. Many reasons were advanced for this state of affairs and some of these have been referred to in previous annual reports. Since that date the rate of progress in modernising sanitary conveniences has been persistent but rather slow, and at the end of the year 59 still required attention. The brewery companies claim

that this has been due to circumstances beyond their control but the clarification of building development plans for the City will enable them to expedite the programme which not only takes into account the provision of new conveniences but, in some cases, the rebuilding of the entire premises and in others the closing of the business.

Licensing Act, 1961

In order for premises to qualify for registration under the provisions of the Licensing Act, 1961, the premises must conform to the requirements of the Act, in that they must be established and conducted in good faith as a club with a membership of over 25 in number. The affairs of the club must be under the control of a committee, duly elected by the members at a general meeting which must be held annually. The City Council has power, under this enactment, to object to any premises being registered if they are not suitable both as regards character and condition for use as licensed premises. The local authority also have powers to object to the granting of Justices' "On" Licences in respect of clubs which are under the control of a proprietor and also licensed restaurants and other similar establishments.

Registered Clubs, New Applications

During 1963, 23 applications were received by the Clerk to the Justices for the granting of new club registration certificates and following the adaptation of the premises in accordance with specifications which were issued, fourteen licences for new clubs were approved and subsequently the Stipendiary Magistrate granted the necessary registration certificates.

Annual Renewals of Club Registration Certificates

The Act empowers the Stipendiary Magistrate to renew the certificate for a period of twelve months and after the second and subsequent applications for renewal, if the Court thinks fit, the certificate may be renewed for a period of up to ten years. Thus, all the clubs situated in the City have been revisited during the year, necessitating, in a number of cases, the issue of specifications of works to comply with the requirements of the Food Hygiene (General) Regulations, 1960, and the Public Health Acts, 1936/61.

In accordance with the provisions of the Act, all club premises are required to be maintained in a satisfactory condition and during the year 259 clubs were re-inspected when applications were made to the Justices for the renewal of the registration certificates, and in 69 cases specifications were issued necessitating works to be carried out at an estimated cost of £5,000. Thus, since the Act became operative, some £80,000 has been spent on improving club premises throughout the City.

The Stipendiary Magistrate renewed the club registration certificates in respect of 248 clubs and applications in respect of seven clubs were withdrawn. Seven applications were subsequently refused by the Magistrate when the applicants failed to appear before the Court, six clubs surrendered their club registration certificates, six clubs were disqualified by the Magistrate and the remaining eight clubs had not completed the works required during the year.

Justices' Licences

In addition to the club registration certificates, 32 premises were visited and examined in connection with applications for Justices' Licences to hold an Excise Licence for the sale of intoxicating liquor. These included proprietary clubs, licensed restaurants, bowling alleys, bingo halls and "off" licence premises and in nineteen cases approval was given after the specification of works had been satisfactorily completed. Five applications were refused, four applications were withdrawn and the remaining four applicants had not completed the necessary improvements, in accordance with the requirements of the Act, at the end of December.

Radio-Active Waste

The arrangement which had been made with the Radiation Officer of the University, the Radium Institute and the Liverpool College of Technology with respect to the disposal of solid radio-active waste has operated satisfactorily.

The material, which consists of mild radio-active nuclides, is delivered to a selected point either at the University or the Radium Institute and conveyed in a special vehicle under the supervision of an inspector to the Otterspool or Childwall tip.

Previous contact with the City Engineer's Cleansing Department ensures that the material is deposited in a prepared cavity, immediately covered with about six feet of compacted refuse and later, during the same day, with a further substantial layer of refuse.

Agriculture Safety, Health and Welfare Provisions Act, 1956

This legislation was instituted to afford some protection for persons engaged on certain agricultural and horticultural activities. It is the duty of the local authority to secure the provision and maintenance of suitable sanitary accommodation for employees and for that purpose 211 visits were made to farms, piggeries, nurseries and market gardens, but no infringements were observed.

Bakehouses.

The gradual concentration of baking into a few large bakeries, which has

Hygiene in the Large Bakery

been the policy in recent years has many advantages from a hygiene point of view as matters such as the cleanliness of utensils, plant and structure are usually the responsibility of trained male employees appointed for the purpose of supervising and organising this aspect of the activities of the firm. This arrangement has proved to be most satisfactory in securing and maintaining the high standard of hygiene which is so essential in this type of food factory. In many bakeries the supervision of personnel is usually undertaken by the same person but there has lately been a tendency to employ a qualified female who is responsible for welfare work generally.

The Small Bakehouse

In small bakehouses the occupier or master baker must of necessity supervise the staff and personal contact with all the food handlers in the business enable the proprietor and inspector to give direct advice on many matters relating to the production of clean and safe food.

Mechanisation in the Baking Trade

The introduction of advanced mechanisation and automation into large bakeries has made contamination from food handling a negligible risk. In the confectionery trade it is unlikely that personal handling will entirely disappear in view of the demand of the public for such a wide variety of creamed and iced lines but nevertheless a marked advance has been made in producing confectionery by mechanical means.

Foreign Matter in Bakery Products

The replacement of personal handling by machinery does however raise other hazards in the form of foreign matter in food. Pieces of metal broken from machines, bits of textile material, rubber from conveyor belts and oil from bearings or lubricating points are examples. The process of production is often so speedy that the foreign matter is buried into the mixing before it is baked and detection is virtually impossible. Many devices have been installed to reveal the presence of such material, but these are not always successful and further research and development in this field is needed to deal with the problem.

Preserved Meat Premises

The Liverpool Corporation Act, 1936, requires that manufacturers of sausages and cooked meats must be registered with the local authority. Registration is only granted after the premises have been inspected and found to comply with the structural requirements of the regulations relating to food hygiene. Cooked meats and sausages have been frequently established as the offending food in outbreaks of food poisoning and information with regard to the places of manufacture is helpful when investigating incidents of this nature.

ATMOSPHERIC POLLUTION

Smoke Control Areas

Three more Smoke Control Orders have been confirmed by the Minister of Housing and Local Government following Public Inquiries held to determine the necessity or otherwise of the Council's declaration to proceed with the programme for Smoke Control throughout the City.

These Orders cover Areas Nos. 14, 15 and 16.

Abatement of Industrial Smoke

The emission of smoke from industrial premises, which was a major source of pollution in the City, has now been controlled to such an extent that only isolated complaints arise and, on investigation, the cause is usually due to the breakdown of mechanical or automatic equipment.

Shipping

The number of occasions on which warnings have to be sent to owners of vessels who cause a nuisance continues to fall, and this is mainly due to the gradual reduction in the number of ships burning coal following the scrapping of obsolete plant and the commissioning of new diesel and oil-fired vessels.

Clarence Dock Power Station

Last year it was reported that No. 1 boiler house was converted from coal burning to oil fired equipment. This year further modernisation has been undertaken in so far that the complete coal burning equipment has been removed from the remaining two stations and modern oil firing installations completed. The full station came on to load ready for peak winter demands and whilst it is too early to comment on the effect this change-over will have on the degree of atmospheric pollution in the industrial area, it is certain that solid matter in the form of grit and dust will be considerably reduced.

Railways

Isolated incidents of smoke emission from railway engines have occurred during the past year but an overall improvement has been maintained with further progress planned for the coming year.

Smoke Control.

Smoke Control Programme

In accordance with the policy of the City Council proposed Smoke Control Areas were surveyed in order to ascertain the requirement of fuel for domestic fires, but agreement from the Fuel Advisory Council could not be obtained due to the review being made jointly by the Minister of Power and the Minister of Housing and Local Government. The results

of this review, which will be issued as a White Paper, are anxiously awaited in order that the programme may proceed without undue delay.

The confirmation of the Smoke Control Orders Nos. 14, 15 and 16, bring a further 15,000 houses under control by July, 1964, and the total now included in Areas is approximately 25 per cent of the City.

No. 10 Smoke Control Order

The area covered by this Order became operative on the 31st October, 1963, and the applications for grants in the Area proved so overwhelming in the final stages that delay was experienced in certain cases, in the administrative procedure and payment of the grant. The records show that 5,943 claims were dealt with in respect of work carried out to the firegrates of privately-owned dwellinghouses, and applications for grant aid are still being received.

Local Authority Dwellings

Alteration to the firegrates maintained a steady progress throughout the estates owned by the Local Authority and situated within the No. 10 Smoke Control Order. The admirable and efficient co-operation which existed between the public health inspector, contractor and tenant enabled over 9,000 houses to be altered to modern requirements.

Atmospheric Pollution Measurement.

Warren Spring Laboratory

The investigation into atmospheric pollution measurement continues with the close co-operation of Warren Spring Laboratory Atmospheric Pollution Division and readings from four stations situated in Liverpool contribute to the national survey of which this City is a member authority.

Statistics.

Operative Smoke Control Areas

There are now twelve operative Smoke Control Areas and three more areas confirmed but not yet operative. Eleven of these operative areas are situated in the Central Area of the City and the No. 10 Area is the large domestic area in the south end of the City. The three confirmed areas are situated adjacent to the No. 10 Area and include the remainder of Woolton and Allerton Wards and the majority of Childwall. The number of premises now involved total 50,532.

Special Visits

The period of seven years from the passing of the Clean Air Act, 1956, which was given to owners of certain industrial boiler plant, to put their equipment in order expired on 5th July, 1963. As a result of this, owners

of boiler plant which could be classified under this clause were visited and the equipment inspected. In the majority of cases it was reported by the public health inspector that modern equipment had taken the place of the old and worn out plant previously existing and that no plants existed likely to be so outdated and outworn that an offence could continuously be committed.

Considerable success has been achieved as a result of the visits made by public health inspectors and advice given to engineers of boiler plants, owners of dwellinghouses and contractors engaged in firegrate conversions whenever the need arose.

New Installations

A total of 101 new furnaces were installed and approval was requested in respect of 98 installations. Of these 87 were approved without modification and the remaining eleven were approved after further requirements were met by the proposers.

Chimney Heights

101 plans of proposed new chimneys were examined in accordance with Section 10, Clean Air Act, 1956.

In twelve cases the height of the chimney was increased in order to meet the requirements of the Authority.

RODENT CONTROL

The rodent control section continued the work throughout the year to eradicate rodent pests from buildings, lands and sewers in the City. Although many rat and mouse infestations were found either by notification or detected by routine survey, they were generally of a very slight degree and only two major infestations were reported.

The decline in severity of rat infestation in particular over the past years, especially noticeable in the dockside and central areas continues, and points to a great over-all reduction in the rat population and the effectiveness of rodent control measures being taken. Any slackening of effort, however, would soon bring about a change in this satisfactory situation.

For this reason, a specialist rodent control staff is engaged whole-time covering all lands, buildings and sewers in the City, except Crown properties which are dealt with by the infestation division of the Ministry of Agriculture, Fisheries and Food.

Practical assistance for the destruction of rats and mice was given to owners and occupiers upon request without delay, and in addition to the considerable amount of operational work undertaken for the destruction of rats and mice, steps were taken whenever necessary with the view to preventing infestation.

Duties of Local Authorities and Occupiers

It is the statutory responsibility of every local authority under the Prevention of Damage by Pests Act, 1949 to take steps to secure so far as is practicable that their district is kept free from rats and/or mice and to enforce the duties of owners and occupiers under its provisions. To rely solely upon the enforcement of the Act without the local authority providing practical assistance to owners and occupiers for the destruction of rats and mice when requested would be inadvisable. The exacting process of prescribing treatments either by informal or formal notices to owners and occupiers, and the subsequent visitation necessary to ensure that the notices were being complied with would, as a general practice, be too slow to be effective with the limited inspectorial staff available.

Co-operation of Corporation Departments, etc.

The department received the fullest co-operation from other Corporation departments and the district operators applied treatments for the destruction of rats and mice as and when required on a variety of sites. These included public buildings, schools, school meal centres, abattoir and markets,

public baths, parks and public gardens, controlled tips, sewage farms and housing development sites.

Hospital management committees, electricity and gas boards and British Railways readily co-operated when necessary in connection with premises or sites under their control.

Food premises

The possibility of food contamination by rats and mice always exists where they are present and routine surveys were carried out at food factories, warehouses, retail food shops and catering establishments as a preventive measure.

Continuous attention to suspected defective drains and sewers, to the remedying of defects found in conjunction with systematic treatments of lands, buildings and sewers has helped to remove the health dangers from rodents and the risk of food contamination by them.

Precautions Against the Spread of Disease.

Action against Plague

It is satisfactory to report that all the rodents sent to the Public Health Laboratory for examination during the year were found to be free from plague.

Precautions against Weil's Disease

Rats are carriers of the organism leptospira icterohaemorrhagiae causing Weil's disease and, in order to safeguard not only the public but the sewer worker who has to enter sewers where he may come in contact with the organism, specimens of rats caught in sewers and on the surface were submitted for examination, five from sewers and nine from lands and buildings. All were examined with negative results.

Systematic Survey.

Systematic survey of lands and buildings in the dockside and central areas and in other places where rodents are most likely to be found was again carried out during the year and this part of the work is considered to be most necessary to maintain adequate rodent control. The survey revealed one major rat infestation, but infestations are generally detected before they have time to reach serious proportions.

The rodent control staff examined 21,677 sites during the year in connection with routine survey and investigation of complaints, and a further 63,021 visits were made entailing operational work and re-examination of buildings and lands during or following treatments. Public health inspectors

also made, in conjunction with other matters, 106,295 inspections under the Act.

Rodent Infestation.

Infestations-Buildings and Lands

During the year 4,519 sites were found to be infested. 2,763 by rats, 58 by rats and mice and 1,698 by mice only. The majority were only slightly infested. Details are shown in the statistical appendix. (Table 57.)

The sites principally affected were warehouses and factories within the dockside districts as may be expected, but with a continual fall in degree of infestation, and the central areas of the City are still maintaining their remarkable decrease in rat population as a result of the steps taken year by year.

The transportation of rats, and mice in particular, conveyed in goods delivered to premises was again the means of causing occasional slight infestation during the year. The conveyance of rats in this way would account for ship rats being found some distance away from dockside districts. Where evidence indicated that rats and mice had been carried to sites in this manner, enquiries were made relating to the consignor so that appropriate action could be taken at the source by the local authority concerned.

Defective drains

The rat infestations found within the middle belt of the City were again mainly slight and, for the most part, confined to yards of dwellinghouses and public passages.

As part of the investigations to trace the source of common rat infestations, references relating to drains to the total of 1,241 were sent to the public health inspectors, 924 relating to dwellinghouses and 317 for other premises. Of the drainage tests applied during the year defects were found in 411 and 126 cases respectively, and the necessary action was taken to have them remedied.

Defective disused drains in slum clearance areas which had not been disconnected from the sewers although cut off and sealed below the surface were again the cause of rat infestation of new houses built on the sites. In several instances rats had escaped from defective drains and entered the roof spaces by way of the cavity walls, and though not actually breaking out into the rooms, complaints were received that they had caused the occupants much disturbance and annoyance by their movement overhead at night.

The amount of work carried out by the department to remedy the infestations of this nature, however slight, is appreciable and could be prevented if all disused drains were completely abolished at the time of demolition work and the drain connections to the sewers properly and effectually sealed.

It is also essential for drains undergoing construction or repair to be temporarily capped when work is left incomplete, especially overnight as a preventative measure against the egress and ingress of rats from or into the sewers. Where infestations had occurred by failure to take this precautionary measure, the matter was brought to the attention of the persons responsible.

The outer districts of the City were again subject generally to very slight rat infestation, mostly by the pests living in their natural habitats in banks of brooks, ditches and other lands and attracted to nearby premises, particularly gardens of dwellinghouses, in search of food which is often supplied quite unintentionally by persons throwing out bread for birds. Occupiers are advised that, when bread is supplied to birds, it should be mashed beforehand so that it can be more quickly eaten by the birds and not readily carried away by rats to their nesting sites.

Development of agricultural land for new housing estates causes a disturbance of rats from their customary habitats and so enter buildings under construction and dwellinghouses. Sporadic outbreaks of minor infestation occurred from time to time on new estates both during construction of the houses and in their early occupation. Sub-soil drainage outlet pipes in retaining walls to elevated land around new housing flats again provided the means for harbouring rats and several infestations, although slight in degree occurred in this way during the year. Infestations of this nature, attract much attention from nearby residents, especially children, and the type of treatment was restricted to controlled gassing of the sub-soil drainage. Recommendations were made for the drainage outlets to be reduced in size or guarded to prevent the ingress or egress of rats.

Complaints

Complaints relating to rats and/or mice to the total of 7,191, an increase of 460 over the previous year, were received and promptly investigated. Investigations sometimes necessitated survey over large areas for the detection of rodents. Many of the notifications related to a stray rat seen in gardens, yards and public passages and much time is spent by the rodent

control staff in dealing with this type of complaint. The sites affected, however slight, were dealt with without delay as the presence of only one rat in a dwellinghouse may be a very disturbing experience for the occupants.

Of the 1,623 dwellinghouses affected by rats, 724 infestations were solely confined to the external in gardens, and 563 to yards.

The limited supply of food and facilities for harbourage available for rats in gardens necessitates their taking a wide range of movement in search of food and cover, thereby increasing the number of sites showing traces of the pests without being actually infested.

Occupiers generally have now grown accustomed to availing themselves of the services of the rodent control section and requests for assistance were made on the slightest sign of rats or mice in or near their premises. Details of infestations and disinfestations are shown in the statistical appendix. (Table 57.)

Rodent Disinfestations.

Disinfestation of buildings and lands

During the year 4,394 buildings and lands were disinfested from rats and/or mice.

Dwelling-houses

The practice of providing free assistance to the occupiers of dwelling-houses was continued during the year with no appreciable change in the number requiring attention for the destruction of rats, but a decrease for mice.

Other premises

Owners or occupiers of buildings or lands other than private dwellings who desire the assistance of the department for the destruction of rats or mice are required to reimburse the local authority for the expenditure incurred. The demand for such assistance is quite appreciable and 2,013 requests, a decrease of six from the previous year, were received. Occupiers, in addition requested the department to examine their premises at regular specified intervals on a servicing basis in order to maintain expert supervision to detect the slightest indication of rodent activity and give prompt and skilful attention when disinfestation is required.

A wide variety of premises in all districts of the City were dealt with in this way and the full cost of both the inspection and operational service was charged to the occupiers concerned, the work being in no way subsidised out of the rates.

The treatments for the destruction of the rats and mice were prescribed and applied in accordance with the most modern methods of rodent destruction prevailing and the infested sites within each area were dealt with at one and the same time to pre-arranged timetables under the block system of control.

All the occupiers concerned readily agreed to the recommendations by the department for the actual destruction of rats and mice and it was not necessary to serve notices for treatment under the Act.

Of the 4,513 infestations and re-infestations remedied during the year, 4,037 were treated by the department's operators and of these, 4,017 were cleared by the use of poisons and the remaining 20 were remedied by trapping only. The effectiveness of the rodenticides used is apparent when having regard to the number of infestations remedied by one poisoning treatment, being 3,350 out of a total of 4,017. Of the others, 524 required two treatments, 121 three treatments and 22 four treatments. The remaining 476 infestations were remedied by the occupiers or their contractors under the guidance and supervision of the rodent control inspectors or by the repair of defective drains under the supervision of the public health inspectors.

Calculating the kill.

Estimated number of rats killed

It is estimated that at least 22,910 rats in buildings and on lands were destroyed during the year as a result of poison treatments. 2,564 dead rats were actually collected during operations and 353 were caught in traps. The species of rats collected were 1,762 rattus norvegicus ("brown" or "common" rat) and 1,155 rattus rattus ("black" or "ship" rat). Of the rodents collected, 168 and one mouse were sent to the Public Health Laboratory for examination and the remainder were burnt.

Destruction of mice

Although there is no reliable formula available for calculating the kill in relation to the poisoning of mice, there can be no doubt that the number destroyed by this method is quite considerable, when taking into account the large amount of poison bait actually consumed by mice, namely 7,146 ounces.

Rat Destruction in Sewers.

Sewer treatments

With the main object of reducing rat infestation of buildings and lands that may have its source from the sewer, maintenance treatments for the

destruction of rats in sewers were again applied during the year with satisfactory results as indicated in the table in the statistical appendix. (Table 58.)

There are 25,846 sewer manholes in the City and the total baits eaten or partly eaten by rats during the maintenance treatments carried out during the year were 1,974, 1,607 and 2,098 respectively, compared with 9,329 on the initial treatment in the year 1953. Included in the 2,098 bait takes during the last treatment are 59 takes recorded after treatment of the part or whole divisions not normally treated but dealt with by annual test baiting.

In the outer districts of the City where sewers had been previously found to have little or no rat infestation, and in the divisions in which sewers had been disinfested by maintenance treatments, test baiting was applied as a precautionary measure and details are shown in the statistical appendix. Where evidence of rats was found during the test baiting, treatments were applied to localised infestations, however slight. Of the 75 divisions wholly or partly test baited, no takes were recorded in 52 divisions containing a total of 8,766 manholes.

Although rat infestation in sewers continues to decline since the work was centralised in 1953, the very wet conditions in some sewer manholes makes the effectual baiting by bench or by the use of the standard baiting tray impracticable. To overcome this problem, a special type of bait container is used and many comparatively large poison takes have been recorded since its adoption where previous baiting had failed.

References to the City Engineer

During the work of preparing sewer manholes for baiting it was necessary to refer to the City Engineer's Department 698 items of work that required attention before treatments were applied for rat destruction. The items included the removal of rubbish from baiting points, clearing of choked or partly choked sewers and easing of manhole covers, and prompt attention was generally given to these matters.

Preventative Measures.

Conditions likely to lead to infestation or hinder the work of disinfestation were at once brought to the notice of the owner or occupier of the building or land concerned. Preventative measures and works of proofing wherever reasonable and practicable were carried out as recommended during or immediately following the work of rodent destruction.

Most owners and occupiers of premises showed a readiness to comply with the suggestions and advice given to them by the rodent control staff. In addition to the action taken by the public health inspectors under the Public Health Act, 1936, to have the many defective drains remedied, five notices were served under the Prevention of Damage by Pests Act, 1949, relating to dwellinghouses for non-structural work.

It is pleasing to note that during the year it was not necessary to institute legal proceedings under the Prevention of Damage by Pests Act, 1949.

SUPERVISION OF FOOD SUPPLY

MEAT INSPECTION AND FOOD HYGIENE

General

Close supervision of food supplies in the City has been maintained throughout the past twelve months. Public Health Inspectors with additional qualifications as meat and food inspectors have made daily visits to the Wholesale Fish Market, Queen Square, St. John's Retail Market, and the Wholesale Fruit and Vegetable Market at Cazneau Street as well as to the various food warehouses situated throughout the city.

During the year 2,011 special food complaints made by representatives of the wholesale and retail trade have been dealt with satisfactorily in addition to the daily routine calls of inspection at the various City markets.

Poultry Inspection

Routine inspection is carried out on all poultry and game entering the wholesale market prior to sale to the retail trade. Following upon these inspections a total of 754 head of high grade poultry and game at a weight of approximately one ton was rejected during the year as being unfit for human consumption, due mainly to reasons of decomposition or refrigerator perish.

Details as to the rejection of these are set out below:—

Chickens	435
Fowl	160
Ducks	20
Turkeys	81
Pheasant	36
Grouse...	22
	754

Fish Inspection

The extensive retail trade in fish throughout Merseyside and adjacent areas, is supplied by the Wholesale Fish Market. During the year a total of 9,530 tons of fish passed through the wholesale market, in addition to 65,556 packages of poultry, and 3,376 packages of rabbits and game. The daily inspections of these commodities resulted in the rejection of some 3,032 packages at a weight of approximately 30 tons as being unfit for human consumption. (See table 60.)

Fruit and vegetable inspection

The daily examination of fruit and vegetables at Queen Square, the North Market and at various wholesale storage warehouses sited throughout the City has been maintained during the year, and has resulted in the rejection of 36,625 packages at a total weight of 685 tons as being unfit for human consumption. (See table 60.)

There was a marked increase in the rejection of vegetables in the early months of the year due to the exceptionally severe frost. Vegetables which had been stored in bulk; potatoes, carrots, were particularly affected, becoming unmarketable and unfit for human consumption. Large consignments were released to pig farmers for animal feeding purposes. Other green vegetables, and in particular Dutch lettuces were heavily affected during transit to the various wholesalers.

Canned Goods and Sundries

Daily visits have been made to a variety of premises, including shops, warehouses and food factories within the confine of the City boundary for the purpose of inspection of canned goods and grocery sundries.

A large proportion of the foodstuffs rejected as being unfit for human consumption have been disposed of at a Corporation controlled tip. Smaller consignments which have been brought to the office for examination were, when necessary removed by the City Engineer's (Cleansing) Department; and subsequently tipped under their supervision, or destroyed by burning in the incinerator at St. John's Market.

The examination of canned goods and grocery sundries resulted in the rejection of some 58½ tons as being unfit for human consumption. (See table 60.) A breakdown of the various categories of these foodstuffs is set out below:—

	lbs. wt.
Canned Meats	72,198
Canned Fruit and Vegetables ...	23,959
Canned Fish, Milk and Soups ...	22,545
Meat and Dry Groceries	12,546

A total of 7,930 Certificates of Condemnation were issued to wholesalers and retailers in respect of these rejected commodities.

Merchandise Marks Act

To ensure compliance with the Merchandise Marks Act, 1945, inspections were made to provision merchants, butchers and greengrocers. In those cases

were infringements were observed advice was given to the vendors and the infringements were immediately corrected in the presence of the inspector. Subsequent routine re-visits confirmed that the instructions which had been given were being adhered to in all instances.

Goods for Export

During the year foodstuffs intended for export from this country and which were required to be accompanied by a certificate of soundness to their destination, consisted in the main of bacon, canned goods, dried and salt fish, and various cuts or carcases of meat. 192 consignments were inspected and in each instance the foodstuffs examined were found to be fit for human consumption and export from this country, and the necessary certificates of soundness were issued.

Food Complaints

Investigations into food complaints which originated from members of the public have been carried out with regard to foreign bodies, and the question of the nature, quality and substance of various foodstuffs. A total of 470 complaints were received and each complaint was thoroughly investigated and completed to the satisfaction of the complainant.

Meat Inspection.

The year has been a difficult one and started with extreme cold, snow and frost in January and February; this weather made conditions very trying. Detained carcases became frozen solid overnight and the cutting of forequarters, chest walls, hind legs of beef mutton or pork the next day was a matter of difficulty. Large steel cleavers took the place of saw and knife. Water and steam supplies were only maintained with difficulty, and the routine changing of clothes by slaughtermen and other operatives, under arctic conditions brought forth considerable vocal complaint.

Brief review of the year

The handling of stock for slaughter, especially sheep, was not easy, the fleeces which had become frozen and snow-matted had to be cut off rather than pulled off as is usual.

The intake of casualty stock increased during the cold weather and the incidence of broken legs (femur bones, pelvic bones), or ribs, rose sharply. The usual pattern of stock intake altered somewhat, lambs did not come forward as formerly and the lamb "season" started some two months late in July.

On 1st October, the Meat Inspection Regulations 1963 came into force.

Meat Inspection Regulations 1963

The choice of this time could hardly have been worse, because the intake of stock for slaughter was running at its peak and to implement the requirements of the regulations meant additional time spent on every carcase, the stamping of each individual carcase at least twice (four times on a body of beef) and with the kill running at an average of just over 2,800 animals per working day the strain on the meat inspectors was considerable. Overtime had to be worked daily and time off in lieu of Sunday was not possible.

In Liverpool, however, by a steady all-out effort the requirements of the meat trade were met in full, but in other large centres the strain on resources proved too much and breakdowns occurred.

Staff

The Deputy Chief Inspector, Mr. W. Lea, retired in July after serving 27 years on the staff and Mr. H. Henry, a senior meat inspector, died suddenly in October after twelve years service. The loss of these valued senior members of the staff has called for additional effort on the part of the inspectors, and this has been forthcoming in unstinted measure.

Animals Slaughtered

The number of animals slaughtered in the City was again over half a million—515,580 (524,372 in 1962) and all were inspected at the time of slaughter. There were only seven days in the year when slaughtering did not take place at Stanley Abattoir or at the private abattoir at Woolton.

Diseased meat and offal

The number of carcases rejected as unfit for human consumption was 3,363, together with part-carcases from 12,659 other animals slaughtered. In addition, organs from 104,900 animals were rejected for diseased conditions. The amount of meat and offal rejected as unfit was 608 tons. These figures on consideration are high, but reflect the volume of slaughter and the inspection of every grade of livestock from the best Scotch bullocks to the manufacturing "boner" cows culled from herds all over the country.

Livestock markets

It is a byword in the trade that there is a Liverpool buyer or agent in every auction mart in the country.

Overseas export buying

An interesting sidelight on this buying technique is that competition is now fiercer in stock markets than ever before, because of purchase for export to the Continent and even North Africa.

Pig carcases

The number of pig carcases totally condemned was 438—a dramatic drop from last year's record figure of 1,052. The reason for this decrease was a new Order, in regard to swine fever promulgated by the Ministry of

Agriculture, Fisheries and Food. Formerly, it was general practice for a breeder to send in for slaughter any pigs suspected of having swine fever, or any known contact pigs, to try and prevent further infection in his herd and to obtain some salvage on carcases found, on post-mortem inspection, to be sound. Under the new Order pigs suspect or contact, may not be sent to abattoirs or bacon factories for slaughter, but are dealt with by the Ministry officials on the farm, compensation being paid for animals slaughtered and destroyed. This effect of the Order has been to reduce the incidence of swine fever in pig herds and the spread of infected contacts through auction marts, whilst the compensation paid to breeders has removed the ever-present threat of economic ruin following infection and slaughter of whole herds including valuable breeding stock.

Swine fever

Pyaemic infections—pigs

Although the incidence of septiceamia (swine fever) in pigs has been materially and dramatically reduced, the number of pig carcases which show abscessed conditions clearly due to inoculation in shoulders or flanks and subsequent infection, was approximately the same. Pyaemic infections (bone and liver lesions) totalled 65 (69 in 1962), all being condemned. The incidence of tuberculosis in pigs slaughtered was substantially the same as last year. Eight carcases and 1,726 part carcases (10 and 1,756 in 1962), were detected during routine post-mortem inspection, but the percentage was very slightly higher, 1·62 per cent, which compares with last year's figure of 1·50 per cent.

Tuberculosis (Pigs)

Calf carcases Calf carcase condemnations—429 carcases, were just below last year's total of 453; and again, acute enteritis or pyaemia (joint ill) accounted for the largest number of rejections. There has been a marked scarcity of good calves throughout the year.

Sheep slaughter

The number of sheep and lambs slaughtered was 337,154, somewhat higher than last year (331,387) and the quality was not so good. An increase in the total of whole carcases condemned 2,325 (1,909 in 1962), and part carcases, 5,378 (5,532 in 1962) reflected the severe weather at lambing time and the subsequent wet summer. Many carcases showed oedematous emaciation to a marked degree, especially hill lambs, and the incidence of chronic pleurisy, distomatosis, and arthritic conditions met with especially in hind-quarter joints showed a considerable increase. As reported last year, the number of prescapular and inguinal inoculation scars which were fibrously septic, found in good quality lamb carcases, tends to increase.

Tuberculosis cattle and pigs

There was, as expected, a decrease in the number of carcases totally rejected for widespread or generalised tuberculosis; in all 13 carcases (30 in 1962), consisting of three bullock, two cow and eight pig carcases. Part carcases from another 99 bullocks mainly good Irish stock affected on the leg, shin, or shoulder, with skin tuberculosis, 53 cows, and 1,726 pigs were also rejected. In all, however, the figures approximate to those for last year.

Tubercular reactous

Apart from the tubercular infections met with during routine inspection, 38 animals (25 cows, five heifers, one calf, five bullocks and two bulls) were sent in as reactors by the veterinary officers of the Ministry of Agriculture, Fisheries and Food, for slaughter (separately from other stock) and post-mortem inspection. Of these, two cow carcases were totally rejected and fourteen carcases partly condemned; seven showed lesions of the lungs or mesentery and fifteen were found not to show tubercular lesions in organs or systemic lymphatics, this fact being confirmed by microscopic or biological tests of selected tissue and lymphatic nodes and the laboratory tests carried out by the Ministry.

The number of carcases found to be infected with cysticercosis rose to 53 (38 in 1962) consisting of twenty cow, 27 bullock, four heifer, one sheep and one lamb carcases. These cysts if consumed in under-cooked meat may lead to tape worms in the human being. For this reason all the infected beef carcases and one mutton carcase were deep frozen for three weeks, which treatment renders the minute cysts sterile. One lamb carcase was condemned as, apart from cysticerci, it was affected with acute pleurisy and arthritis.

Stanley Abattoir slaughtering

The number of animals slaughtered and inspected at Stanley Abattoir was 471,627 detailed as follows:—

Sheep	Calves	Pigs	Heifers	Cows	Bulls	Bullocks
337,154	6,172	62,460	910	30,463	327	34,141

Private Abattoir (bacon factory)

At the Woolton bacon factory the number of pigs slaughtered was 43,953, all carcases and offal being inspected at the time of slaughter, on the premises. Much of this pork is sold on Stanley Meat Market, some sent to Manchester market and part cured as first-grade bacon. Towards the

end of the year, arrangements were being completed for the export of pork sides to France.

Diseased conditions

The carcases or offal of 120,922 (121,431 in 1962) animals were found to be diseased at the time of slaughter, and this figure is approximately 23 per cent of the total number of 515,580 animals which were slaughtered in the City. The number of whole carcases condemned as unfit for human consumption was 3,362 (3,575 in 1962), together with part carcases of 12,659 animals (12,817 in 1962), whilst in addition, organs from 104,900 (105,039 in 1962) animals were condemned for disease.

The total quantity of diseased meat and offal found to be unfit for human consumption at the time of slaughter, together with meat and poultry rejected on the wholesale meat market was 568 tons, this amount comprised 166 tons of meat and 402 tons of offal. In addition, a further twelve tons of canned goods were rejected as unsound. All the meat and canned goods were voluntarily surrendered and it was not necessary to apply for a magistrate's order for formal condemnation. This co-operation by the wholesale traders, farmers, and importers, with the Health Department, reflects their confidence in the fair judgement of the meat inspectors and provides a high standard of protection for the meat consuming public served by the Liverpool meat market.

Disposal of condemned meat and offal

The diseased meat and offal is rendered down and sterilised in the Council's by-product plant in Stanley Abattoir. The resultant inedible tallow and meat meal is sold for manufacturing processes and animal feeding stuffs. The plant handles the blood from the slaughter units, which is dried and sold as fertiliser having a high nitrogen content. The meat traders as owners or agents, are paid for the raw material (meat, offal and blood), the weight and type of meat being certified by the meat inspection records, payment being made by the Markets Department.

Meat Inspection Regulations 1963

The Meat Inspection Regulations 1963 came into operation on October 1st last and provide (*a*) meat at slaughterhouses must be inspected, (*b*) except where there has been delay in inspection meat must not be removed from a slaughterhouse until it has been inspected, (*c*) meat, inspected, and passed fit for human consumption must be marked, and (*d*) local authorities may make a charge for inspection which may not exceed 2s. 6d. per horse or bovine animal other than a calf, 9d. per calf or pig, and 6d. per sheep, lamb or goat.

The regulations are a revolutionary change and considerable discontent has been evinced nationally from the meat trade that the cost of inspection which can be regarded as a public health service should not fall on the trade, which has always been in wholehearted support that all meat should be inspected. However, despite representations to the Minister, the regulations emerged with the scale of charges included, and a proviso that any charge made by a local authority could be varied if it appeared to the Minister to be unreasonable. From a work-load standpoint the regulations could hardly have become operative at a worse time. October is a peak killing month and in Liverpool with a daily slaughter of some 2,800 animals, the additional work on inspection required by the regulations, the stamping at least twice on every carcase (beef carcases must be stamped four times—once on each quarter) presented quite a problem. That the requirements of the trade were met in full is a matter of satisfaction, but the result was only achieved by very considerable effort and an almost fanatical determination to succeed by the meat inspection staff. Daily overtime was necessary and as usual full Sunday working was maintained.

Payment for inspection of meat

The City Council decided after discussion with the meat traders that a charge at the rate of 2s. 6d. per bovine animal, 9d. per calf or pig and 6d. per sheep, lamb or goat would be made, commencing on 2nd December, and that payment would be made by traders to the Council's Market Department. This convenient method was adopted as a trader could pay the inspection charge on the same bill as his toll charges, this avoided double billing and facilitated audit checking. The amount of money which the inspection charges will bring in to the Council is some £21,000 annually, this figure being based on the number of carcases inspected in 1962/1963. It is also intended to review the charges in twelve months' time. The regulations are the means whereby all meat will be inspected before it leaves the slaughterhouse and a circular issued with the regulations explains the charges will ensure that an unfair burden of cost of meat inspection will not fall on any particular authority. Liverpool Abattoir and meat market supplies meat to a very large area in the North West, Midlands and London, as well as considerable quantities of meat for various shipping companies and it is reasonable that the cost of inspection of this "export" meat should not fall entirely on the City exchequer.

Stanley Meat Market

The large quantities of frozen or chilled meat, lamb and mutton as well as frozen offal (tails, kidneys, hearts, livers) "pitched" daily on the market

are subject to inspection. The main defects in these commodities are mould growth, brine staining or decomposition because of refrigerator breakdowns during shipment. During the year some eight tons of beef, mutton, trimmings and offal were rejected as unfit.

Carcase meat from rural areas sent in for sale to the market but found to be diseased on examination has caused some concern. The authorities were notified and, in two instances, the meat inspectors concerned came and spent some time at Stanley on "refresher" sessions on meat inspection.

Carcases and meat dealt with in the market *excluding* the meat and offal from the 471,627 slaughtered in the City was as follows:—

Meat Market turnover

Origin	Beef Hinds/Fores	Carcases Mutton/Lamb	Carcases of Pork	Carcases of Veal
Imported chilled or frozen	196,172	839,897	4,224	—
Slaughtered outside Stanley Abattoir ...	79,588	178,120	87,612	7,465

In addition to the above, 129,926 packages of meat were handled.

Slaughter of animals Act 1933-1956

During the year 127 licences were granted to slaughterman and ritual cutters of the Shecita Board by the City Council. In addition 176 licences were granted to Mohammedans, mostly seamen, for the ritual slaughter in Stanley Abattoir of sheep, the carcase meat being destined for Mohammedan ships' crews.

Food Hygiene Regulations 1955

The meat conveying vehicles working out of Stanley Market are inspected daily to see if the requirements of the regulations are observed. In general, a good standard is observed and the long-distance meat transports fitted with mechanical refrigeration are amongst the best in the country. From time to time, however, the attempt to carry inadequately wrapped meat in private motor vehicles has to be forbidden. On three occasions it was necessary to warn offenders and supervise the unloading of such meat—generally small quantities, for example, legs of lamb or a sirloin of beef—into orthodox meat-carrying vehicles.

The system of dealing with bovine stomachs described in last year's report has been carried on with surprising success, although in periods of

peak slaughter the methods adopted creak under the sheer pressure of numbers. It is abundantly clear that the only permanent hygienic solution to this problem of opening and emptying bovine stomachs will be the installation of a cattle line-slaughter layout, properly designed to cope with this major problem.

Slaughter-house Hygiene Regulations 1958

During the year new metal tables were provided in each slaughtering bay to handle and inspect livers and other organs as they are taken from a carcase. The small wooden steps (used by the slaughterman to stand upon whilst operating the electric chine saw to cut through the vertebrae of dressed carcase beef) have been replaced by strong metal platform steps.

Three new offal shops have been constructed to accommodate the firms displaced from the former cooling rooms adjacent to the main slaughter hall, which for some years past have been used to store and sell offal.

Pharmaceutical products

During the year 68 tons of liver affected with distomatosis were sent to pharmaceutical manufacturers for processing into liver extract. Other glands, for example, thyroids, ovaries, pituitaries, adrenals, pancreas, taken from sound carcases after inspection were sent for processing for medicinal use.

Training classes in meat and food inspection

The training courses for persons preparing for examinations in meat and food inspection or food hygiene were well attended. 60 students were given a grounding in the theory and practice of meat inspection, fish inspection,, milk supplies and the law relating thereto.

This was the seventh year of the operation of the training scheme approved by the Council in 1956 for public health inspectors, five of whom were successful in the examination held by the Royal Society of Health and awarded certificates for competency in meat and food inspection.

Specimens for laboratories

As in former years, requests for supplies of blood, uteri, cysts, parasites, hearts and eyes from various colleges, hospital laboratories and departments of the Liverpool University have been met. Morbid specimens were also set up for the Liverpool veterinary school and the examinations of the Royal Society of Health.

Food Hygiene.

Inspections of retail food premises

The work carried out for the purposes of the Food Hygiene (General) Regulations, 1960, in retail food establishments has been of a routine nature

and in connection with complaints. During the year, 29,738 visits were made to retail food shops, cafes, bakehouses, licensed premises, food factories, street traders, etc., and 2,755 infringements were dealt with either by informal or formal action and by court proceedings.

Legal proceedings

Arising out of the action taken in respect of the food trade, a total of 40 informations were laid and as a result of the prosecutions, fines totalling £259 and £18 10s. 0d. costs were imposed by the Magistrates.

Cafes

Cafes, restaurants and snack bars have been visited in connection with complaints and for routine inspections. The general standard is satisfactory, but it was necessary to take court proceedings in respect of two cafes where it was found that a number of very unsatisfactory conditions prevailed. These actions involved careless personal hygiene and the deterioration of previously satisfactory standards of cleanliness of equipment and premises.

Need for Supervision

These cases emphasize the need for regular and detailed inspections of all food premises, because they have revealed that the absence of supervision by inspectors gives rise to the slackening of care and attention by employers and staff in many establishments.

This unsatisfactory state is due very considerably to the problems associated with the frequent change-over of employees, and to the pressure of peak-time trading when it becomes extremely difficult to maintain even the minimum standard of hygienic practice.

Staff training

There is, of course, a serious lack of knowledge and understanding of food hygiene among staff and management, and whilst a number of firms are endeavouring to deal with this problem, and encourage their staffs to take study courses, and also arrange film shows, etc., at the places of employment, far too many food workers and employers fail to undertake the necessary training in order to ensure their ability to fulfil the requirements of the Food Hygiene Regulations.

Study Course

This department in co-operation with the Royal Society of Health conduct a series of lectures at the University of Liverpool School of Hygiene. These are certificated courses in the hygiene of food retailing and catering, and have proved invaluable in providing accurate and practical teaching for those in all sections of the food trade. It is gratifying to observe the practical interest of many employers who encourage their staffs to attend and, in a number of cases, pay their fees.

Street Trading

This aspect of retail food trading continues to be a source of much concern. The problems of ensuring hygienic standards and the opposition of many shopkeepers who feel victimized by this sort of trading, present the department with a task which is extremely difficult to fulfil to the satisfaction of the various interests involved. Inspections of mobile shops, barrows and other types of stalls, have nevertheless, ensured a higher standard of food service than would otherwise prevail. The continuous attention given to these traders has produced many improved vehicles and the observance of personal hygiene.

Registration of street traders

Considerable thought is being given to the many aspects of this form of trading, especially in regard to the conditions under which employees are obliged to work in connection with mobile shops and the various types of stalls associated with street trading. Present legislation does not provide the necessary safeguards either for personnel or for shopkeepers affected by unfair practices.

A measure of control through registration with the local authority will, no doubt, produce certain safeguards, but it is becoming increasingly necessary for national legislation to deal with the wide range of requirements sufficient to provide desirable standards of welfare and trading practices.

Ice cream retail trade

There are some 1,914 establishments engaged in the ice cream trade. New applications for registration under the Liverpool Corporation Act, 1936, Section 78, totalled 30 vendors and one manufacturer, and there were 31 applications for transfers of ownership of existing businesses.

Clubs

Inspections of clubs during the year have been mainly in connection with applications under the Licensing Act, 1961. Non-licensed clubs have also been inspected from time to time to ensure that a satisfactory standard of hygiene is maintained.

The Adulteration of Food Drugs

The Medical Officer of Health is responsible for ensuring the safety of food supplies and public health inspectors specially qualified in food inspection and sampling are responsible for checking all articles of food, drink and drugs to see that they satisfy standards of nature, substance or quality and that labels and advertisements are not false or misleading to the prejudice of the public. This work entails the constant vigilance and observation of the inspectors, routine sampling and submission of samples to the Public Analyst for analysis. Appropriate action may take the form of

legal proceedings, but more often it involves discussions with manufacturers, packers and other interested parties. Technical advice is given and labelling irregularities corrected.

Many foods have legal standards against which they can be measured; many other foods have no standard of composition or quality and the approach is more complex. During the year, 3,930 samples of food and drugs were procured and of this number, 144 or 3.6 per cent were found not to be genuine or otherwise irregular. This represents a decrease on last year's figure which was 4.3 per cent. The samples taken comprised 662 formal and 3,268 informal.

An informal sample is one procured without the statutory intimation to the vendor that it is to be analysed. Valuable information as to irregularities may be obtained in this way. Milk being such a widespread and staple source of food supply must figure prominently in any sampling programme, and 2,606 samples of milk were procured for analysis.

Legal Proceedings

Statutory action was taken in respect of beef sausages and fish cakes, and fines totalling £10 with £8 costs were imposed.

Ice Cream

During the year 396 samples of ice cream, lollies and frozen confections were submitted for chemical analysis or bacteriological examination. A total of 334 ice cream samples were examined bacteriologically and 186 were found to be Grade 1; 64 Grade 2; 33 Grade 3 and 51 Grade 4.

Samples in Grades 1 and 2 can be classed as satisfactory. Consistently unsatisfactory bacteriological results entail a thorough examination of the processing plant and an investigaton into possible sources of contamination. Advice is given and co-operation readily obtained. Analysis of 48 ice cream samples proved one to be below standard; all other samples complied with the requirements of the Food Standards (Ice Cream) Regulations, 1959.

Bacteriological examination of foodstuffs

In addition to the bacteriological examination of milk and ice cream, during the year, 352 samples of other foods were examined for their suitability for human consumption, including examination for food poisoning organisms. The types of food selected, for the most part, were those which were to be eaten uncooked or without further preparation, and included meat pies, sausage rolls, sandwiches, cooked meats, cream filled cakes, shellfish and desiccated coconut. The results generally were satisfactory.

Several samples of uncooked sausages were taken and two samples from the same factory were found to be contaminated with salmonellae. This factory is situated outside the City area and investigations had already commenced at the factory when our results were transmitted to the local Health Department. The probable source of the contamination has been traced and all equipment at the factory sterilised.

Bacteriological examination of Milk

Regular routine samples were taken from milk processing firms and milk producers within the City, and the standard of cleanliness and efficiency of pasteurisation and sterilisation is very satisfactory. The total number of milk samples submitted to the Public Health Laboratory for examination was 2,282 comprising 2,123 heat treated milks and 159 tuberculin tested (Raw) milks.

Four of the 2,123 heat treated milk samples failed to satisfy the phosphatase test for efficiency of pasteurisation, and in every case the processing plant was examined and the fault immediately rectified.

Samples to the number of 143 failed the methylene blue test for bacterial quality, 100 of these failures were from samples of heat treated milk procured from automatic vending machines, and 49 from samples processed outside the City area. In each case representations were made to the processor concerned and advice given.

Eight methylene blue failures were reported from the 159 tuberculin tested raw milk samples taken, and the result of guinea pig inoculation of the milks tested for the presence of tubercle bacilli proved negative in every case.

Milk Supply to hospitals aged persons hostels and schools

The milk supply to hospitals and aged persons hostels is regularly sampled and 129 samples were tested chemically and bacteriologically. There were 193 samples taken from schools and day nurseries and all proved satisfactory.

Milk and Dairies (General) Regulations, 1959

The City is a specified area in which only heat treated milk or tuberculin tested milk may legally be sold to the public and a small percentage of the daily consumption consists of this raw tuberculin tested milk. 159 samples of this milk were taken and 135 were specially tested for brucella abortus infection. These samples were from milk produced within the City area and from farm bottled milk from outside areas. All samples proved to be negative.

All samples taken from City herds were found to be free from mycrobacterium tuberculosis.

Fertilisers and Feeding Stuffs Act, 1926

During the year, 52 samples of animal feeding stuffs and fertilisers were obtained from City mills for analysis.

All samples, with minor exceptions, were found to conform with the statutory statement of the manufacturer.

Pharmacy and Poisons Act, 1933

This Act together with the Poisons Rules, regulates the sale of poisons. It is the duty of the local authority to carry out provisions of Part II of the Act, which deals with the registration of persons selling Part II poisons. Listed sellers are usually owners of hardware stores, chandlers and multiple grocers shops. The number of listed sellers on the current register is 391.

Milk Supplies The City's Milk Supply

The duties relating to the supervision and inspection of food and food premises are the responsibility of the public health inspectorial staff and those duties include the administration of legislation governing the registration of milk distributors and their premises, the issue of licences in support of the sale of designated milk handled by them, and the treatment, storage and distribution of milk effected by them. The work entailed included the issue of 76 new registration certificates, 76 licences required for the sale of designated milk and 2,403 visits were made.

Milk Distribution

The measures to be taken with regard to the securing of a clean and wholesome milk supply are most important in view of the nature of this valuable food. Careful supervision is essential at every stage from its receipt at the processing plant for heat treatment, bottling and storage, down to the delivery to the consumer, who may be in the home, school, hospital or factory canteen. Public health inspectors keep a close watch on all the links in the chain of milk handling, treatment, storage and distribution. It is incumbent on each inspector to be assured that the requirements of the Milk & Dairies (General) Regulations, 1959 and the Milk (Special Designation) Regulations, 1960 are at all times being strictly complied with.

Registration of Dairies

All milk is produced under the supervision of the Ministry of Agriculture, Fisheries and Food, who register all such producers as dairy farmers, but the handling, treatment, storage and distribution of milk, other than that which is produced and distributed by the registered dairy farmer, is controlled and supervised by the local authority in whose area the premises are situated and they must be both registered and licensed by that authority. This entails a frequent check on all registered premises and routine visitation revealed that 73 businesses had ceased to operate, 47 dairies required to be transferred from one person to another and 76 new registrations were required to be effected.

All premises were inspected on receipt of registration applications, and when the necessary requirements were completed they were recommended for approval.

Milk Pasteurisation and Sterilisation

All heat treated milk must be so treated according to specifications laid down in the Milk (Special Designations) Regulations, 1960, and during the year 1,011 visits were made to milk processing plants for the purpose of sampling when the installations were in operation. Special attention is paid to the temperature, the functioning of the recording and indicating instruments and the holding times.

One of the pioneer processing firms ceased to operate during the year, therefore there are now seven pasteurising establishments in the City, consisting of four high temperature short time plants, and three of the batch or holder type plants. In each instance the units are coupled to mechanical bottle washing plants, filling and capping machines, and adequate cold room accommodation. In addition there are three milk sterilising plants in the City.

The processing dairies continue to be well maintained and effective in operation.

Liverpool Corporation Act, 1921, Sections 475-483.

This Act empowers the Liverpool Corporation to grant licences to all persons keeping dairy cows, store cattle and pigs; subject to the premises being of the standard required. There are 24 cowsheds and 38 piggeries in the City area and 244 visits were made during the year. One pig keeper was prosecuted and found guilty of not keeping his premises in a satisfactory condition.

Sewerage

The sewerage of the City is on the whole reasonable and adequate. Where flooding causing an insanitary condition occurs, investigations are immediately undertaken and if remedial measures are necessary, usually in the form of a relief sewer, the construction is undertaken and completed expeditiously. Three such schemes are at present under construction.

The present provision at the two main sewage disposal works is as follows:—

1. North Works—The treatment capacity available is inadequate, but extensions to the works are under construction which should, in two years' time, provide adequate treatment for the expected flow.

Sewerage Disposal

2. South Works—The treatment capacity available is adequate for the present, but due to impending large-scale housing development in the drainage area a scheme for extensions to deal with the increase in flow has been submitted to the Minister of Housing and Local Government for approval.

DISINFECTION AND DISINFESTATION

The disinfection and disinfestation services continue to function in much the same manner as in recent years, with a continued slight decline in the services required for disinfection following infectious disease, both in the City and in the Port, but with a corresponding slight increase in disinfestation treatment of verminous premises.

The slow but steady decline in the disinfection service is a positive proof of the general reduction in the numbers of cases of infectious disease which are occurring in the City. The section, however, is capable of coping with any sudden outbreak of infection should it occur at any time, thus providing a form of insurance against the further spread of infectious disease.

Although the figures produced show an increase in the use of the disinfestation service, this is no indication of an increase in the amount of vermin to be found either in dwellinghouses or in other premises, but rather that the public is becoming more aware of the danger and discomfort which are caused by vermin infestation. The general standard which can be observed shows a sure but certain improvement in the desire to keep premises free from vermin.

The duties which are controlled by this section are enumerated below:—

1. Inspection of premises for verminous condition.
2. Disinfestation treatment of verminous premises.
3. Disinfestation treatment of verminous furniture, etc.
4. Disinfestation and disinfection stations.
5. Disinfection of infectious premises.

1. *Inspections for Verminous Condition.*

The categories into which inspections may be divided are:—

(*a*) The majority of the 10,404 inspections of dwellinghouses were made on behalf of the Housing Department and carried out with the intention of obtaining information regarding the verminous condition of furniture and effects belonging to families recommended for rehousing. These inspections are carried out on all housing estates irrespective of their location, inside or outside the City boundaries.

(*b*) Public interest in the cleanliness of dwellinghouses is reflected in the growing number of requests received from owners or occupiers who suspect the premises are vermin infested. If, in fact, these premises are

found to be verminous, disinfestation treatment is carried out free of charge.

Frequent requests for disinfestation treatment are received from Hospital Management Committees, factory canteen managers, and proprietors of food manufacturing plants.

The cost of such treatments are borne by the complainants.

2. *Disinfestation Treatment of Verminous Premises.*

Following inspections disinfestation treatment was carried out in the following cases:—

(*a*) 621 dwellinghouses at the request of the Housing Department.
(*b*) 956 dwellinghouses treated at the request of owners or occupiers.
(*c*) 479 treatments of hospitals, staff canteens, factory premises, etc.;

a total of 2,056 treatments.

3. *Disinfestation Treatment of Verminous Furniture, etc.*

The disinfestation of dwellinghouses includes the treatment of furniture bedding and personal effects. The method of treatment is for furniture, bedsteads, pictures etc., to be treated on the premises but it is necessary for mattresses, bedding and soft furnishings to be removed to a disinfestation station for adequate treatment. The latter process is carried out with the minimum amount of inconvenience to the occupants of the premises. The furniture and effects of 612 families were treated in this manner during the year.

Welfare Cases.

On behalf of the welfare section of the Health Department, an increasing number of dwellinghouses and apartment rooms are disinfested and cleared of accumulations of rubbish. These are premises from which the occupants have been removed to hospital or were physically unable to clean their accommodation adequately.

4. *Disinfestation and Disinfecting Stations.*

The stations at Smithdown Road and Charters Street were able to cope with all the infectious and verminous articles collected from premises and ships in the area controlled by the Local Authority and the Port Health Authority.

A small income accrues to the department from the precautionary disinfection of articles which are intended for export and for which the importing country demands a certificate of adequate disinfection.

In this connection the stations dealt with the following items during the year: —

8,800 verminous articles disinfested ;
7,903 infectious articles disinfected ;
79 infectious library books ;
16,207 articles disinfected as a precautionary chargeable measure ;
1,382 tons of miscellaneous goods, the outer wrappers of which are disinfected as a precautionary chargeable measure.

5. *Disinfection of Infectious Premises.*

The disinfection of premises where infectious disease has occurred is still a primary function of the section and it is the duty of the staff to remove infectious articles to a disinfecting station and to carry out the required terminal disinfection of premises. During the year 1,489 infectious premises were dealt with in the prescribed manner.

When requests are made for precautionary treatment of premises, where a non-infectious disease has occurred, the department is willing to co-operate, but is obliged to levy a charge for such a service.

TRANSPORT AND ANCILLARY SERVICE SECTION

This section, which deals with general transport of stores, merchandise, equipment, etc. for most sections of the Health Department, has had a considerable increase in the scope of its duties. In July of this year a new service was brought into being for the transport of handicapped persons, children and adults, to and from training centres. This addition to the service has resulted in a staff increase of 21 driver/attendants and an increase of fifteen vehicles specially constructed for this purpose.

The varied duties of this section are:—

1. Meals on Wheels.
2. Home Nursing Equipment.
3. Incontinent Laundry.
4. Burials and Cremations.
5. City Mortuary.
6. Handicapped Persons' Transport.
7. Miscellaneous.

1. *Meals on Wheels.*

Meals are provided under this scheme to the homes of persons who are in need of the undoubted benefits to be derived from the provision of a hot cooked meal. The service is maintained by vans from this section, each van being staffed by a departmental driver and a volunteer assistant from the Women's Voluntary Service. During the year, 82,219 visits were made and a corresponding number of meals supplied, thirteen vans being used for this purpose.

2. *Home Nursing Equipment.*

The purpose of this service is to provide equipment which may be necessary for the efficient nursing of persons who are ill at home. The demands for this equipment are growing year by year and during the year 9,600 visits were made for the purpose of issuing or collecting the various items. The administration of this service is performed by staff of the maternity and child welfare section, but the practical work, involving the storage, distrib-

ution, collection and maintenance of equipment is performed by staff of this section.

3. *Incontinent Laundry.*

The laundry service for incontinent patients is becoming more widely known and as a result the demands are growing considerably. It has now become one of the major duties of this section to keep this service running smoothly and to do so it has became necessary to second additional members of the staff. Tribute must be paid to the co-operation and good service given by the Baths and Public Laundries Department in ensuring the efficiency of this new service.

During the year demands varied between 50 and 80 visits per day and the total number of calls was 18,600.

4. *Burials and Cremations.*

The department maintains an effective service for the burial or cremation of persons who die in the City, where it appears that no suitable funeral arrangements are being made by relatives or friends. Section 50 of the National Assistance Act, 1948, places the responsibility for this duty on the Local Authority and the service is functioning under the control of this section of the Health Department. During the year burials or cremations were arranged in cases involving 162 adults and children.

Although cremation is the policy advocated by the department where religious or other convictions permit, the wishes of relatives or friends are strictly respected and at no time is pressure brought to bear to enforce this policy.

5. *City Mortuary.*

The control and staffing of the City Mortuary is the responsibility of the section. Two experienced full-time attendants are employed on a rota of early and late duties and are on call should an emergency arise outside their normal working hours. The mortuary is used for the reception from the City or from the river of bodies of persons who have died as a result of accident, violence, etc. During the year 618 bodies were received and 578 post-mortems were held.

Close liaison is maintained with the City Coroner's Officer for the effective functioning of this service.

6. *Handicapped Persons' Transport.*

During the year the department inaugurated a new service designed for the transport of physically and mentally handicapped persons to and from their homes and training centres.

Following protracted discussions and consideration of the methods to be employed and the type of transport required, two types of vehicles were ordered and the service came into operation with one vehicle in July, 1963.

Delivery of vehicles and a build-up of staff lead to a steady increase in the service, which, by November was operating at a full strength of fifteen vehicles, ten of which were designed for the purpose of carrying persons who were able to walk, and then sit in the vehicle, and the other five fitted with a lift for the purpose of carrying persons confined to wheelchairs, or who experienced difficulty in climbing steps. Vehicles are manned by a staff of 21 driver/attendants and since November have been operating successfully and provide transport for approximately 150 persons per day.

The service also includes transport of persons to and from centres organised by voluntary bodies, admissions of elderly persons to aged persons hostels, a shuttle service between Liverpool and the Southport aged persons hostel and the transport necessary for inmates of the Turner Memorial Home to visit Garston public baths once weekly.

The ten vehicles provided with seats are also used in the middle part of the day in the mobile meals service. The whole of this service has been so designed as to give full employment to all the staff and the majority of the vehicles.

7. *Miscellaneous.*

(*a*) The collection and removal of furniture and equipment to and from aged persons hostels.

(*b*) Collection, repair and delivery of day nursery equipment, and furniture and repairs to furniture, etc., at the office building Hatton Garden.

(*c*) Transport of equipment on behalf of the Mental Health Service.

(*d*) Various transport duties on behalf of the Children's Department.

(*e*) The moveable property of persons admitted to hospital or to accommodation provided under Part III of the National Assist-

ance Act, 1948, is conveyed where necessary, to and from store.

(*f*) The residents in aged persons hostels are provided with facility for obtaining books from public libraries. The transport required for this service is provided by this section.

(*g*) The transport of port health personnel continues in a satisfactory manner by means of a vehicle from this section.

(*h*) A variety of other transport duties necessary for establishments under the control of the Health Department.

(*i*) Maintenance of gardens at day nurseries and clinics.

Staff.

The wide variety of duties listed above is performed by a staff of 67 consisting of:—

Administrative	*Operational*
1 Chief Inspector	2 Shift Leaders
4 Inspectors	2 Mortuary Attendants
1 Copy Typist	1 Mechanic
3 Foremen	1 Joiner
1 Storekeeper	2 Boiler Attendants
	14 Drivers
	14 Disinfestors, Disinfectors, etc.
	21 Driver/Attendants

Vehicles.

Modernisation

37 motor vehicles are engaged in the work of the section and are maintained within the department. During the year these vehicles covered 250,420 miles and consumed 15,571 gallons of petrol.

MERSEYSIDE CANCER EDUCATION COMMITTEE

Report of the Lay Administrator

At a meeting held on 27th February, 1963, the post of Lay Administrator was offered to Mr. William Duffy. He commenced duty on 1st April, 1963, and worked from the offices of the Health Department until 1st June, 1963, when he moved into offices obtained for the use of the Committee at the Temple Building, Dale Street.

The aims of the Committee are to explore and develop methods of improving the knowledge of the public within the areas of the six constituent authorities regarding cancer and, to this end, to present to the public by such means as may be deemed appropriate, authentic and official information on cancer, its possible causes and means of prevention, and the facilities available to obtain early diagnosis of the condition.

One cannot expect a speedy alteration of the present-day, wide-spread attitude of despondency and fatalism towards cancer. Our campaign is visualised as a process of gentle but unrelenting erosion of prejudice in an effort to reduce the fears at present preventing many members of the public from seeking medical advice in the early stage of curable conditions.

Public Organisations

A list of 1,600 social and cultural organisations functioning within the area of operation of the scheme, with the names and addresses of their respective officers have been collected and a filing system of index cards and map references has been prepared. There is evidence of considerable reluctance by some organisations to accept a talk on such a gloomy and depressing subject as cancer. This, of course, is understandable when the primary interest of the regular meeting is friendship and enjoyment, in fact, escaping from the depressing situation of deprivation and ill-health with which members are frequently confronted. Our progress is illustrated by the following account.

In Liverpool three branches of a well-known nation-wide women's organisation discussed the work of our Committee at a programme fixing conference in May of this year. One branch decided to accept our offer of a suitable talk, another branch accepted with reluctance, while the third branch refused to avail of our services.

The lay-administrator gave a half hour talk to the first branch which was followed by a 45 minute group discussion—two of the ladies at this meeting announced that they had successfully undergone operations for cancer about six to seven years ago and that their complete cure was due to early diagnosis. After the talk to the second branch the secretary stated that five members were absent as they were frightened to participate in a public discussion about cancer. The third branch of this organisation, which had previously rejected cancer education, has now requested a talk and this will be given in early 1964. It is gratifying to note that all three groups have requested further talks during the coming twelve months when it is hoped to present a suitable film at a full attendance of members. Two other associated organisations have now requested talks. It would seem that our campaign is already bringing about changes in what people actually feel, think and do about cancer. Most of the talks are given under the title "Fear and Ignorance are the Enemies".

The following talks were given in Liverpool during 1963:—

Organisation	Approximate number of members present
Women's Standing Conference	106
Association of Women's Clubs	66
Association of Women's Clubs	58
City Mission	39
Pirrie Women's Club	74
Women's Guild	62
Royal College of Midwives	60
National Women's Citizens Association	68
Union of Catholic Mothers	130
Toc H Women's Association	71
Senior Nursing Staff of Sefton General Hospital ...	100
Victoria Settlement	27
Mothers' Union	46
Total 13 Public Talks	907

Talks given in halls situated two or three miles outside the boundaries of the City of Liverpool are usually attended by people who live and work within the City but they are not included in the figures given above. Probably about 1,200 residents of Liverpool attended talks and informal group discussions during 1963.

CIVIL DEFENCE

Welfare Section

As the reorganisation of the Civil Defence Corps took place in October, 1962, this is the first year in which the Welfare Section of Civil Defence has trained under the new syllabus. The policy of the Government in deciding that there was a need for highly trained volunteers, able to provide leadership, is reflected in the new training.

Any welfare volunteer who completes Standard Training (which includes a full First Aid course), and passes the test, continues with the Advanced Training (which includes a full Home Nursing course), and passes the test, must indeed be regarded as a very highly trained volunteer capable of leadership.

In comparison with the section's complete inactivity at the end of 1962, the welfare section is now fortunate in having seventeen members who have recently, and successfully, completed all their training, and now form a "hard core" on which a strong and energetic section can be built. Also, 30 new volunteers have recently been enrolled and this fact makes the future outlook bright.

The enthusiasm of the section is reflected in that, during the year, thirteen members received their £10 annual bounty, three successfully sat their First Aid examination and seventeen passed their Home Nursing examination. Three part-time instructors and the organiser have attended Welfare Extension qualifying courses at the Falfield and Easingwold Home Office Technical Training Schools and all obtained full certificates.

Besides carrying out their normal duties, the instructors and organiser have assisted the Regional Civil Defence Headquarters, by acting as examiners on fourteen Standard Training Tests and two local examinations for local instructors and recently the organiser and one instructor were invited to set and conduct the first Welfare Advance Training Test to be held in this region.

On the two major Civil Defence exercises, "Isolation", 14th July, and "Vital", 27th October, the Welfare Section made valuable contributions by providing excellent meals for 200 and 300 volunteers respectively. The meals were produced on Emergency Feeding equipment—three No. 4 Field Cookers and five Soyer Boilers, at Garston Old Road, Civil Defence Training Ground, the menu being:—roast beef, roast potatoes, creamed

potatoes, dried carrots and turnips, Yorkshire pudding, pineapple, sponge pudding and custard, coffee, cheese and biscuits.

Recently there has been a de-centralisation of training, because opportunities have arisen where it has been possible to begin Standard Training coures at the Pitville Ladies' Social Club, Pitville Avenue, Liverpool, 18, and the W.V.S. Headquarters, Seel Street, Liverpool, 1, involving 28 new volunteers. This may well be the future pattern for Welfare recruitment. Standard and Advance training courses are still held every Monday evening at Civil Defence Headquarters, Mill Bank, Liverpool, 13. It has been proposed to introduce a monthly meeting on every fourth Thursday, at Civil Defence Headquarters, when guest speakers will be invited and films shown.

If recruitment and enthusiasm maintain their present tempo, the Welfare section of the Civil Defence should have become by the end of 1964 a vital force within the City.

Ambulance and First Aid Section

Seven training courses were arranged during the year covering all aspects of civil defence. The divisional training nights continued at both Civil Defence Headquarters and Area Headquarters. The average monthly attendance throughout the year was 83. During the year a total of 32 volunteers passed standard tests on 26th March and 28th November and elected to serve in Class A.

Exercises were held at Garston Old Road for the testing of the efficiency of the ambulance, wardens', rescue and headquarters sections when cadets of the St. John Ambulance Brigade acted as casualties.

Twenty-one volunteers assisted the Regional Hospital Board in the semi-finals of their competition by acting as stretcher bearers.

Five volunteers with two ambulances joined in a road movement exercise and six drivers and seven casualties assisted in a large-scale exercise with the Lancashire County.

The small number of members did not warrant special training being undertaken by this section during the year.

General

During the year several Civil Defence circulars were issued by the Home Office Civil Defence Department dealing mainly with training and administrative matters. There were also several Headquarters meetings for permanent senior departmental officers dealing with civil defence organisation. Officers in various departmental premises reported when required as to the audibility of the civil defence warning system during the year.

CREMATION

The Medical Officer of Health continued to act as medical referee to the Liverpool Crematorium. The Deputy Medical Officer of Health and the Principal Medical Officer (Mental Health) acted as deputy medical referees. The documents, which are statutory, are scrutinised at the central offices of the Liverpool Health Department before the medical referee gives authority to cremate.

The number of cremations carried out during the year at the Liverpool Crematorium was 3,221, which is a decrease over the number undertaken during 1963. The slight fall in the figures this year does not indicate a decline in the popularity of cremation, but is a reflection of the fact that two new crematoria were opened in adjacent areas during 1962 and one in Thornton in 1963.

There were no undue difficulties arising during the year in respect of sudden deaths occurring abroad where cremation was later carried out. Written formal requests for cremation to take place on death were received, as in former years, from several members of the public and these are filed for future references in order that their wishes may be met.

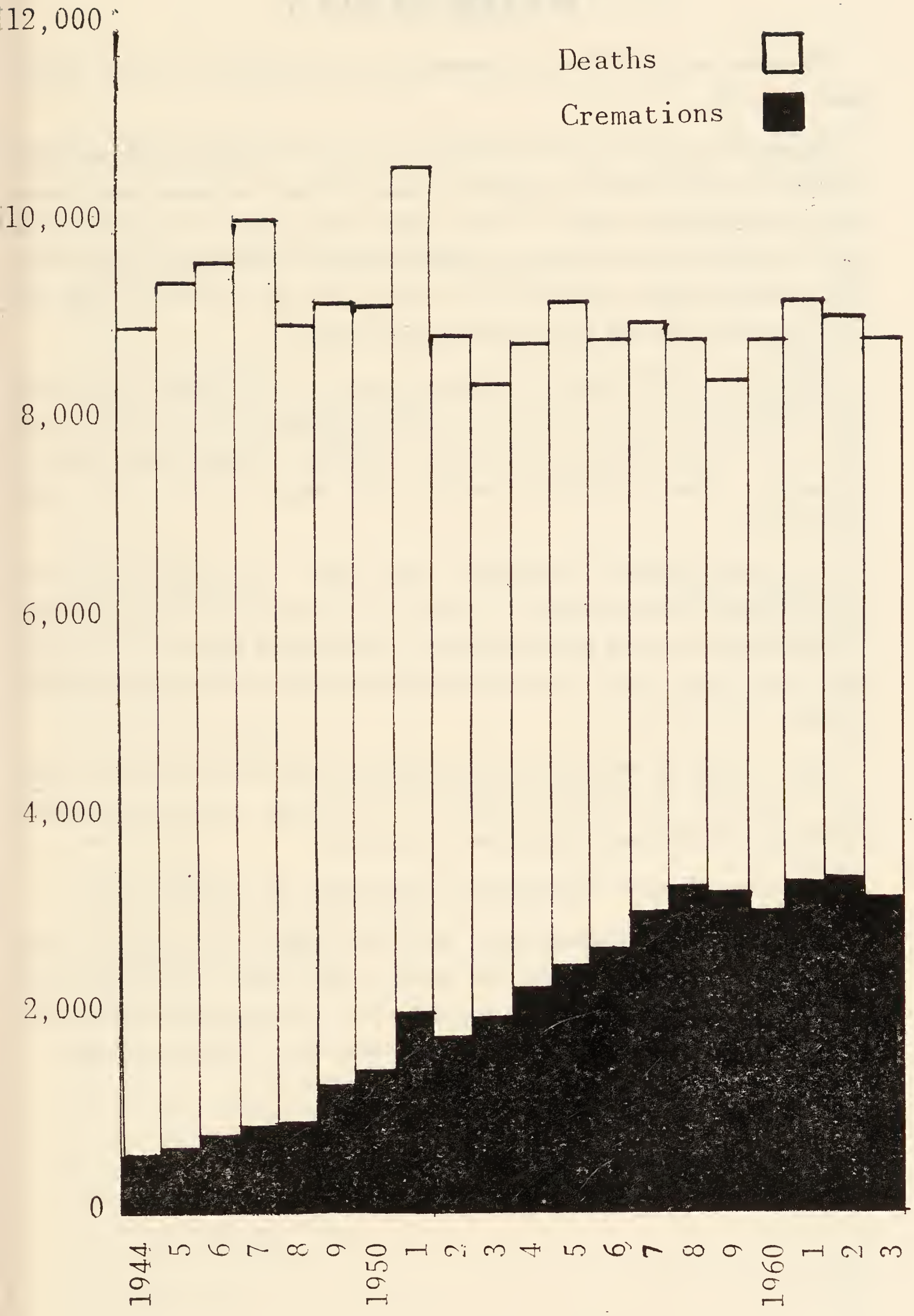
CREMATIONS TAKING PLACE AT THE LIVERPOOL CREMATORIUM DURING THE YEARS

9144-1963

1944	...	...	...	608
1945	...	...	...	624
1946	...	...	...	802
1947	...	...	...	914
1948	...	...	...	936
1949	...	...	...	1,299
1950	...	...	...	1,449
1951	...	...	...	2,025
1952	...	...	...	1,814
1953	...	...	...	2,000
1954	...	...	...	2,300
1955	...	...	...	2,546
1956	...	...	...	2,738
1957	...	...	...	2,082
1958	...	...	...	3,348
1959	...	...	...	3,329
1960	...	...	...	3,114
1961	...	...	...	3,410
1962	...	...	...	3,447
1963	...	...	...	3,221

NOTE: Corresponding Histogram (Block) on opposite right hand page.

CITY OF LIVERPOOL



WATER SUPPLY

The water supply in the area during 1963 was satisfactory both in quality and quantity.

During the year 1963, bacteriological examinations were made on 3,020 samples of water from the aqueducts, wells, storage reservoirs, trunk mains and the distribution system. Of the 3,020 samples, 528 were taken within the City from the two wells and from sampling points on the mains other than the trunk mains. Of the 528, 91·5 per cent were free from B. Coli and 71·8 per cent were free from coliform organisms.

Also of the 3,020 samples, 1,188 were taken from the trunk mains which serve the City and other parts of the area of supply. Of the 1,188, 94·8 per cent were free from B. Coli and 76·3 per cent were free from coliform organisms. Also, 81 chemical analyses were made and the results were satisfactory.

For plumbo-solvency 233 analyses were made. The average amount of lead absorbed in those samples of water that had passed through test lengths of lead piping was 0·09 part per million. The supplies from both Rivington and Lake Vyrnwy were treated with hydrated lime in order to raise the pH value.

Eight samples of water from the aqueducts, wells and distribution system were examined for fluoride content. The average amount of fluoride, expressed as F, in these samples was 0·10 p.p.m.

No unusual form of contamination necessitated any special action.

The number of dwellinghouses, flats and shops with domestic living accommodation supplied from the public water mains in Liverpool was 206,784. None was supplied by a stand-pipe. The population of the City as estimated by the Registrar General for 30th June, 1963, was 739,740.

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STATISTICAL APPENDIX.

TABLE 1

BIRTH STATISTICS

	LIVE BIRTHS			STILLBIRTHS		
	Males	Females	Total	Males	Females	Total
Legitimate ...	7,500	7,180	14,680	177	144	321
Illegitimate ...	555	540	1,095	13	17	30
	8,055	7,720	15,775	190	161	351

Year	Births	Birth Rate	Illegitimate Births	% of Births
1938	16,175	18·7	771	4·8
1942	13,729	20·5	871	6·3
1943	14,432	21·8	1,030	7·1
1944	15,412	23·1	1,274	8·3
1945	14,784	21·7	1,582	10·7
1946	18,528	25·2	1,351	7·3
1947	19,904	26·4	1,151	5·8
1948	17,695	22·3	1,009	5·7
1949	16,551	20·7	943	5·7
1950	16,110	20·1	968	6·0
1951	15,593	19·9	859	5·5
1952	15,839	20·0	876	5·5
1953	16,022	20·3	873	5·4
1954	15,742	20·5	847	5·4
1955	15,268	19·6	785	5·1
1956	15,944	20·6	801	5·0
1957	16,044	20·9	854	5·3
1958	15,662	20·5	799	5·1
1959	15,615	20·6	815	5·2
1960	15,961	21·1	868	5·4
1961	16,492	22·1	946	5·7
1962	16,479	22·1	1,020	6·2
1963	15,775	21·3	1,095	6·9

Year	Registered Live Births	Registered Stillbirths	Total Births	Stillbirths per 1,000 Live and Stillbirths
1935	17,347	749	18,096	41·4
1936	17,403	708	18,111	39·1
1937	16,728	618	17,346	35·6
1938	16,175	639	16,814	38·0
1939	15,614	631	16,245	38·9
1940	15,016	519	15,535	33·4
1941	13,291	508	13,799	36·8
1942	13,729	552	14,281	38·6
1943	14,432	485	14,917	32·5
1944	15,412	492	15,904	30·9
1945	14,784	431	15,215	28·3
1946	18,528	539	19,067	28·3
1947	19,904	514	20,418	25·2
1948	17,695	479	18,174	26·3
1949	16,551	358	16,909	21·2
1950	16,110	375	16,485	22·7
1951	15,593	396	15,989	24·8
1952	15,839	400	16,239	24·6
1953	16,022	394	16,416	24·0
1954	15,742	400	16,142	24·8
1955	15,268	408	15,676	26·0
1956	15,944	394	16,338	24·1
1957	16,044	409	16,453	24·9
1958	15,662	413	16,075	25·7
1959	15,615	375	15,990	23·4
1960	15,961	377	16,338	23·1
1961	16,492	380	16,872	22·5
1962	16,479	333	16,812	19·8
1963	15,775	351	16,126	21·8

TABLE 2

Analysis of causes of Infant Mortality in successive quinquennia 1896-1960, and the years *96*, *96† and *96‡

(A.)—Recorded Deaths.

Years	1 Total Births	2 Total Deaths Under 1 Year of Age	3 General Diseases (excluding Tuberculosis)	4 Tubercular Diseases	5 Nervous Diseases	6 Respiratory Diseases	7 Digestive Diseases (including Diarrhoea)	8 Malformations Premature Birth, Marasmus &c.	9 External Causes
896/1900	111,700	21,160	1,508	698	2,476	3,575	6,376	5,698	819
901/1905	118,801	20,353	1,546	644	2,516	3,484	5,187	5,732	565
906/1910	118,313	17,739	1,613	465	2,052	3,146	3,902	5,520	539
911/1915	111,872	15,458	1,309	345	1,432	2,916	3,635	4,953	426
916/1920	99,451	11,510	1,116	202	1,083	2,821	1,872	4,107	179
921/1925	104,217	10,497	1,066	200	573	2,776	1,786	3,764	120
926/1930	95,701	9,002	978	109	401	2,553	1,670	2,981	81
931/1935	88,644	7,904	902	82	368	2,050	1,184	3,125	67
936/1940	80,936	6,226	573	74	519	1,457	698	2,691	84
941/1945	71,648	5,512	341	71	403	1,704	548	2,193	131
946/1950	88,788	5,034	311	47	213	1,10	963	2,226	111
951/1955	78,464	2,626	83	10	28	480	132	1,792	63
956/1960	79,226	2,149	31	—	24	384	82	1,576	30
1961	16,492	467	4	1	5	78	23	344	8
1962	16,479	461	2	—	4	94	19	321	16
1963	15,775	412	9	1	2	87	17	285	8

TABLE 2—*continued.*

Analysis of causes of Infant Mortality in successive quinquennia 1896-1960, and the years 1961, 1962 and 1963.

(B.)—Death Rates per 1,000 Births.

Years	1 Total Births	2 Total Deaths Under 1 Year of Age	3 General Diseases (excluding Tuberculosis)	4 Tubercular Diseases	5 Nervous Diseases	6 Respiratory Diseases	7 Digestive Diseases (including Diarrhoea)	8 Malformations Premature Birth, Marasmus &c.	9 External Causes
1896/1900	*33·4	189	12·7	6·2	22·1	32·0	57·1	51·0	7·3
1901/1905	33·4	172	13·0	5·5	21·2	29·3	43·7	48·1	4·7
1906/1910	32·2	149	13·6	3·9	17·4	26·6	33·0	46·7	4·6
1911/1915	29·3	137	11·6	3·1	12·8	26·1	32·5	43·1	3·8
1916/1920	24·9	116	11·1	2·0	10·9	28·4	18·8	42·0	1·8
1921/1925	25·1	100	10·2	1·9	5·5	26·6	17·1	36·1	1·2
1926/1930	22·1	94	10·2	1·1	4·2	26·7	17·4	31·1	0·8
1931/1935	20·5	89	10·1	0·9	4·2	23·1	13·4	35·3	0·8
1936/1940	19·4	77	7·0	0·9	6·4	17·9	8·8	32·9	1·0
1941/1945	21·3	78	4·8	1·0	5·6	24·1	7·7	30·7	1·8
1946/1950	22·9	56	3·4	0·5	2·3	12·3	10·5	25·1	1·2
1951/1955	20·1	33	1·0	0·1	0·3	6·1	1·7	22·8	0·8
1956/1960	20·7	27	0·4	—	0·3	4·9	1·1	19·9	0·4
1961	22·1	28	0·2	0·06	0·3	4·7	1·4	20·9	0·5
1962	22·1	28	0·1	—	0·2	5·7	1·2	19·5	1·0
1963	21·3	26	0·6	0·06	0·1	5·5	1·1	18·1	0·5

*In column 1 the rates indicate the number of births per 1,000 of the population.

TABLE 3

ANALYSIS OF CAUSES OF MORTALITY.

Deaths from certain Groups of Diseases in each decade from 1871 to 1960, and during the years 1961, 1962 and 1963

Years	(a) Infective diseases (less Diarrhœa and Influenza)	(b) Tubercular diseases	(c) Respiratory diseases (including Influenza)	(d) Digestive diseases (including Diarrhœa)	Total Deaths from (a), (b), (c) & (d)	(e) Cancer	Total Deaths from all causes
1871-1880	27,205	19,869	29,763	14,747	91,584	2,015	147,005
1881-1890	19,748	17,870	32,507	13,186	86,311	2,820	146,195
1891-1900	13,515	16,714	35,819	18,491	84,539	4,223	145,522
1901-1910	13,967	16,054	32,995	18,163	81,179	6,480	150,962
1911-1920	10,417	14,946	36,480	12,282	74,125	7,603	137,223
1921-1930	7,831	12,664	29,447	8,184	58,126	9,852	117,756
1931-1940	6,473	9,413	18,196	5,987	40,069	12,619	115,632
1941-1950	2,645	6,987	15,728	4,328	29,723	13,265	98,347
1951-1960	621	2.063	15,315	2,570	20,569	15,986	90,642
1961	25	86	1,888	229	2,228	1,708	9,262
1962	29	81	1,774	205	2,089	1,719	9,162
1963	31	58	1,641	224	1,954	1,573	8,908

TABLE 3—*continued.*

Deaths expressed as a percentage of total deaths from all causes (Proportionate Mortality).

Years	(a) Infective diseases (less Diarrhœa and Influenza)	(b) Tubercular diseases	(c) Respiratory diseases (including Influenza)	(d) Digestive diseases (including Diarrhœa)	Total Deaths from (a), (b), (c) & (d)	(e) Cancer	Total Deaths from all causes
1871-1880	19·2	13·5	20·2	10·0	62·9	1·4	100·0
1881-1890	14·1	12·7	23·2	9·4	59·4	2·0	100·0
1891-1900	9·3	10·8	24·6	12·7	57·4	2·9	100·0
1901-1910	8·6	10·6	21·8	12·0	53·0	4·3	100·0
1911-1920	7·9	10·9	27·3	8·9	55·0	5·5	100·0
1921-1930	6·6	10·7	25·0	6·9	49·4	8·4	100·0
1931-1940	5·6	8·1	15·7	5·2	34·7	10·9	100·0
1941-1950	2·6	7·1	15·9	4·4	30·1	13·7	100·0
1951-1960	0·7	2·2	16·8	2·8	22·5	17·7	100·0
1961	0·3	0·9	20·4	2·5	24·1	18·4	100·0
1962	0·3	0·9	19·4	2·2	22·8	18·8	100·0
1963	0·3	0·7	18·4	2·5	21·9	17·7	100·0

TABLE 4

DEATHS FROM CANCER

Organs Affected	Number of deaths
Buc. cavity and pharynx	27
Oesophagus, stomach, intestines and rectum	484
Larynx, trachea, bronchus and lungs ...	483
Cervix and uterus	52
Breast	91
All other sites	360
Leukaemia and aleukaemia	41
Lymphosarcoma	35
Total	1,573

TABLE 5

MATERNAL MORTALITY.

Year.	Births Registered.			Maternal Mortality.	
	Live Births.	Stillbirths.	Total Births.	Deaths.	Rate per 1,000 Total Births.
1930	18,881	774	19,655	75	3·81
1931	18,626	722	19,348	55	2·84
1932	18,149	827	18,976	51	2·69
1933	16,929	680	17,609	60	3·41
1934	17,593	685	18,278	51	2·79
1935	17,347	749	18,096	59	3·26
1936	17,403	708	18,111	64	3·52
1937	16,728	618	17,346	40	2·31
1938	16,175	639	16,814	33	1·96
1939	15,614	631	16,245	29	1·86
1940	15,016	519	15,535	31	2·01
1941	13,291	508	13,799	32	2·42
1942	13,729	552	14,281	34	2·38
1943	14,432	485	14,917	34	2·27
1944	15,412	492	15,904	31	1·95
1945	14,784	431	15,215	23	1·51
1946	18,528	539	19,067	19	0·99
1947	19,904	514	20,418	17	0·83
1948	17,695	479	18,174	14	0·77
1949	16,551	358	16,909	9	0·53
1950	16,110	375	16,485	7	0·42
1951	15,593	396	15,989	10	0·62
1952	15,839	400	16,289	7	0·43
1953	16,022	394	16,416	5	0·30
1954	15,742	400	16,142	8	0·49
1955	15,268	408	15,676	9	0·57
1956	15,944	394	16,338	7	0·43
1957	16,044	409	16,453	7	0·42
1958	15,662	413	16,075	4	0·25
1959	15,615	375	15,990	5	0·31
1960	15,961	377	16,338	5	0·31
1961	16,492	380	16,872	2	0·12
1962	16,479	333	16,812	5	0·30
1963	15,775	351	16,126	4	0·25

TABLE 6

MIDWIFERY SERVICE

Home Conditions, 1963

Hospital Requests	Booked Home Confinements	No Contact	Returned to Hospital Not Suitable
1,135	291	65	779

Number of visits paid by Midwives: 2,029.

TABLE 7

MIDWIFERY SERVICE

Weights of Premature Babies cared for by Premature Baby Midwives—1963

	Babies born at home and cared for by Prem. Baby team	Babies born at home and transferred to hospital	Babies born in hospital and discharged to care of premature Baby team
Less than 3 lb. 4 oz. ...	—	—	—
3 lb. 5 oz. to 4 lb. 6 oz. ...	7	2	—
4 lb. 7 oz. to 4 lb. 15 oz.	13	3	89
5 lb. 0 oz. to 5 lb. 8 oz. ...	39	—	503
5 lb. 9 oz. and over ...	1	—	135
TOTALS	60	5	727
Sets of Twins	5	2	51
Sets of Triplets	—	—	2

TABLE 8

MIDWIFERY SERVICE

HOSPITAL DISCHARGES—1963

Hospital	Day of Discharge 2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Total	Number of Premature Babies	Total
Broadgreen Hospital	24	45	15	12	10	2	2	2	—	112	60	172
Sefton General Hospital	33	91	71	45	53	152	44	6	4	499	198	697
Mill Road Hospital	23	98	79	47	45	78	21	1	3	395	280	675
Walton Hospital	23	61	43	28	38	48	4	5	2	252	55	307
Liverpool Maternity Hospital	12	53	63	95	197	240	144	21	3	828	34	862
Others from outside Liverpool	1	1	2	4	4	4	5	—	1	22	5	27
Totals	116	349	273	231	347	524	220	35	13	2,108	632	2,740

TABLE 9

MIDWIFERY SERVICE

Classification of Pyrexias

Pyrexia, unknown origin	126
Urinary infection	68
Uterine infection	66
Respiratory infection	58
Mastitis	11
Wound infection	11
Post operative caesarean section	5
Miscarriage	2
Infection caused by bacillus proteus	1
Stillbirth (after effects)	1
Thrombophlebitis	1
Infection caused by streptococcus pyogenes	1
Septicaemia	1
Pulmonary embolism	1
Haemorrhoids	1
Appendicitis	1
Gonococcal infection	1
Total	356
Occurring in hospital	343
Occurring at home	13

TABLE 10

MIDWIFERY SERVICE

1963—Reasons for Midwives Calling in Medical Aid

Mothers	
Ruptured perineum	255
Prolonged labour	86
Foetal distress	49
Malpresentation	43
Premature rupture of membranes ...	35
Premature labour	23
Retained placenta	17
Retained products	4
Placenta praevia	2
Post maturity	5
Disproportion	4
Multiparity	2
Bad obstetric history	2
Multiple pregnancy	4
Anaemia	10
Pre-eclamptic toxaemia	17
Ante partum haemorrhage ...	49
Post partum haemorrhage	35
Pyrexia	32
Offensive lochia	6
Respiratory infection	9
Oedema	6
Varicositis and phlebitis	13
Urinary Complications	12
Mastitis	9
Suppression of lactation	8
Intra-uterine death	9
Abortion	10
Shock	5
Others	24

Babies	
Respiratory infection	27
Discharge from eyes	60
Septic spots	25
Congenital abnormalities ...	20
Prematurity	14
Asphyxia	16
Cyanosis	11
Stomatitis	4
Convulsions	4
Hypothermia	5
Vomiting	8
Vomiting, blood stained	2
Diarrhoea	2
Bleeding, rectal	1
Bleeding, umbilical	1
Neonatal tetany	1
Neonatal death	1
Jaundice	1
Haematoma	1
Bilateral nasal swelling	1
Bruising of face	1

Mothers	785
Babies	206
Total	991

Doctor booked ...	869
Doctor not booked ...	122
Total	991

TABLE 11

MIDWIFERY SERVICE

Patients Transferred to Hospital

Mothers		Babies	
Malpresentation	140	Premature Infants	23
Post maturity	112	Vomiting	3
Pre-eclamptic toxaemia	104	Atelectasis	3
Ante partum haemorrhage	103	Asphyxia pallida	2
Prolonged labour	93	Cyanosis	2
Bad obstetric history	82	Cerebral irritation	2
Domestic reasons	50	Hypothermia	2
Anaemia	49	Neonatal tetany	1
Disproportion	45	Oedema of eyes	1
Multiple pregnancy	43		
Premature rupture of membranes	41		
Rhesus incompatibility	28		
Premature labour	28		
Foetal distress	25		
Multiparity	20		
Abortion	19		
Placenta praevia	12		
Intra uterine death	11		
Urinary complication	10		
Congenital abnormality	9		
Post partum haemorrhage	8		
Hydramnios	8		
Glycosuria	6		
Perineal repair	4		
Chest disease	4		
Heart disease	4		
Epilepsy and nervous complaints	4		
Others	23		

Mothers	1,085
Babies	39
Total	1,124

TABLE 12

MIDWIFERY SERVICE

Consultants Called To Patients

Total	17
Mothers	9
Babies	8

Mothers		Babies	
Postmaturity	3	Congenital abnormalities ...	3
Fibroids	2	Twitching	1
Placenta praevia	1	Pemphigus	1
Thrombophlebitis	1	Asphyxia livida	1
Premature rupture of membranes ...	1	Blood stained vomit	1
Glycosuria	1	Head injury	1
Admitted to hospital	6	Admitted to hospital	2

TABLE 13

MIDWIFERY SERVICE

Transfusion Unit called to Patients

Total ... ... 65 cases

Retained placenta	27
Post partum haemorrhage	28
Ante partum haemorrhage	3
Prolonged labour	2
Twin delivery	2
Asphyxia pallida of baby...	1
Post partum eclampsia	1
Shock	1

Patients transferred to hospital by unit	14
Patients nursed at home	51

TABLE 14

NUMBER OF DOMICILIARY CHIROPODY TREATMENTS GIVEN IN 1962 AND 1963

	1962	1963
January	48	77
February	99	104
March	85	95
April	77	99
May	74	125
June	91	82
July	53	117
August	107	61
September	90	102
October	114	128
November	96	146
December	90	127
Total	1,024	1,263

TABLE 15

CHIROPODY CLINICS, 1963

	Sessions per week	Number of Treatments given
Central Foot Clinic	11	10,353
Everton Road	4	1,383
Rathbone Road	4	1,116
Westminster Road	2	652
Dovecot	3	1,059
Belle Vale	3	996
Garston	2	677
Lark Lane	2	646
Croxteth	1	332
Norris Green	3	860
Speke	3	871
Queens Drive, Walton	4	1,102
St. Anne Street	1	348
Riverview Centre	1	345
League of Welldoers Club	1	352
Rose Lane	1	373
Toxteth Health Centre	2	471
Dingle House	1	332
Fazakerley	2	677
Total	51	22,945

TABLE 16

Primary Diphtheria Immunisations 1954-1963

Where immunised	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Maternity and Child Welfare Clinics	3,920	3,974	4,547	4,479	6,861	5,789	13,091	5,479	5,016	5,263
Schools	3,732	2,943	2,070	3,008	2,316	3,245	3,926	1,332	1,464	1,362
General Practitioners ...	2,973	3,212	3,702	3,713	5,761	5,102	8,929	6,375	3,523	3,399
TOTAL	10,625	10,129	10,319	11,200	14,938	14,136	25,946	13,186	10,003	10,024

TABLE 17

SMALLPOX VACCINATIONS 1960-1963

	1960	1961	1962	1963
Births	15,961	16,492	16,479	15,775
Total Primary Vaccinations ...	6,654	6,554	15,224	1,454
Total Re-vaccinations	169	254	3,692	341
	6,823	6,808	18,916	1,795
Total Vaccinated at Clinics ...	2,980	3,720	7,535	648
Total Vaccinated by General Practitioners	3,843	3,088	11,381	1,147
	6,823	6,808	18,916	1,795

TABLE 18

DIPHTHERIA IMMUNISATION, 1963

	Where Immunised	0—4 Years	5—14 Years	Total
Primary Course	Maternity and Child Welfare Clinics ...	5,177	86	5,263
	General Practitioners	3,321	78	3,399
	Schools	11	1,351	1,362
	Total	8,509	1,515	10,024
Booster Doses	Maternity and Child Welfare Clinics ...	201	377	578
	General Practitioners	310	562	872
	Schools	34	4,081	4,115
	Total	545	5,020	5,565

TABLE 19

WHOOPING COUGH IMMUNISATIONS, 1963

	Where Immunised	0—4 Years	5—14 Years	Total
Primary Doses	Maternity and Child Welfare	5,145	50	5,195
	General Practitioners ...	3,297	68	3,365
	Schools	—	4	4
	Total	8,442	122	8,564
Booster Immunisations	Maternity and Child Welfare	186	251	437
	General Practitioners ...	305	509	814
	Schools	—	2	2
	Total	491	762	1,253

TABLE 20

TETANUS IMMUNISATIONS 1963

	Where Immunised	0—4 Years	5—14 Years	Total
Primary Course	Maternity and Child Welfare	5,168	110	5,278
	General Practitioners ...	3,313	87	3,400
	Schools	1	88	89
	Total	8,482	285	8,767
Booster Immunisations	Maternity and Child Welfare	198	209	407
	General Practitioners ...	308	503	811
	Schools	1	151	152
	Total	507	863	1,370

TABLE 21

POLIOMYELITIS—1963

Doses of Sabin Vaccine

	Where Immunised	Date of Birth					Others	Total
		1963	1962	1961	1943-60	1933-42		
Primary Course (3 Oral Doses)	Maternity and Child Welfare Clinics	516	2,219	530	213	51	38	3,567
	General Practitioners	315	1,324	380	219	107	129	2,474
	Total ...	831	3,543	910	432	158	167	6,041
Third Booster Dose	Maternity and Child Welfare Clinics ...	Age Groups Not Taken						65
	General Practitioners	Age Groups Not Taken						224
	Total ...							289
Fourth Booster Dose	Maternity and Child Welfare Clinics	Age Groups Not Taken						235
	General Practitioners	Age Groups Not Taken						767
	Total							1,002

TABLE 22

VACCINATIONS FOR INTERNATIONAL TRAVEL—1963

Month	Yellow Fever	Smallpox. Number of persons vaccinated	T.A.B. Number of full courses	Cholera. Number of full courses	Total
January ...	211	152	53	101	517
February ...	269	203	14	59	545
March ...	290	207	167	63	727
April ...	229	178	302	68	777
May	270	172	75	61	578
June... ...	287	179	125	144	735
July... ...	285	234	104	92	715
August ...	332	179	165	98	774
September ...	394	189	73	131	787
October ...	435	244	105	181	965
November ...	825	131	99	152	1,207
December ...	551	151	31	153	886
Totals ...	4,378	2,219	1,313	1,303	9,213

These include vaccinations and immunisations carried out at the Hatton Garden Clinic aboard ships and at a factory.

TABLE 23

TUBERCULOSIS CASES ON REGISTERS OF CHEST CLINICS—1963

Number of persons examined for the first time	4,926	Number found to be free of disease ...	3,549
Number found to be definitely tuberculous as detailed in 'A' below	522	Number found to be suffering from other conditions	855

Diagnosis	Respiratory			Non-Respiratory			Total			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M.	F.		M.	F.		M.	F.		
A.—New Cases examined during the year	260	132	76	14	33	13	274	165	89	528
B.—Contacts examined during the year:										
(*a*) Definitely tuberculous ...	13	11	34	—	—	—	13	11	34	58
(*b*) Diagnosis not completed	10	10	16	—	—	—	10	10	16	36
(*c*) Non-tuberculous ...	370	575	1,395	—	—	—	370	575	1,395	2,340
C.—Cases written off the Register as										
Recovered	329	378	78	24	32	16	353	410	94	857
D.—Number of Cases on Register on 31st December 1963:										
(*a*) Definitely tuberculous ...	2,759	2,105	340	122	185	62	2,881	2,290	402	5,573
(*b*) Diagnosis not completed	2	1	—	—	—	—	2	1	—	3

Number of attendances of patients at the Chest Clinics during the year 1963 ...	25,085	Number of patients under medical treatment at home on 31st December, 1963	701
Number of visits paid by the Tuberculosis Medical Officer to the homes of patients during 1963	452	Total number of visits paid to the homes of patients by Tuberculosis Visitors during 1963	25,843
Total number of cases vaccinated with B.C.G. during 1963:			
Children	3,543	Includes newly born babies in Maternity Wards in Sefton General Hospital, Walton General, Mill Road and Liverpool Maternity Hospitals.	
Others	315		

TABLE 24

B.C.G. VACCINATION

SCHOOL CHILDREN

Number of children offered B.C.G. vaccination	11,281
Number of acceptors	9,591
Number Mantoux tested	9,247
Number of positive Mantoux tests ... ... (Also 325 who had previously had B.C.G. at a clinic or who had a family history of Tuberculosis)	1,035
Number of children vaccinated with B.C.G.	7,462

The undermentioned figures relate to students at Teacher Training Colleges, who were vaccinated in 1963:

Number Mantoux tested	7
Number of positive Mantoux tests	2
Number of students vaccinated with B.C.G.	5

TABLE 25

B.C.G. VACCINATION OF SCHOOL CHILDREN

MANTOUX TESTS

Year	Number Tested	Number Positive	Percentage of Number Tested Found Positive
1954	5,293	1,800	34.0
1955	7,806	2,190	28.1
1956	8,921	2,494	28.0
1957	7,224	1,581	21.9
1958	8,587	1,717	20.0
1959	11,313	1,810	16.0
1960	10,569	1,480	14.0
1961	11,542	1,442	12.5
1962	9,777	1,305	13.3
1963	9,247	1,373	14.8

TABLE 26

CASES OF ACUTE GONORRHOEA, 1938-1963

	Males	Females
1938	1,422	141
1946	3,112	422
1947	1,134	272
1948	1,933	174
1949	1,441	159
1950	1,204	140
1951	1,240	113
1952	1,026	133
1953	910	128
1954	816	148
1955	862	287
1956	932	246
1957	1,059	241
1958	1,089	292
1959	940	231
1960	1,013	301
1961	1,273	364
1962	1,262	297
1963	1,317	336

TABLE 27

CASES OF EARLY SYPHILIS, 1938-1963

	Males	Females
1938	147	32
1946	655	331
1947	481	248
1948	370	155
1949	219	85
1950	136	50
1951	118	33
1952	80	18
1953	65	13
1954	38	6
1955	62	15
1956	51	8
1957	45	3
1958	62	7
1959	44	8
1960	66	1
1961	43	4
1962	59	10
1963	69	15

TABLE 28

MENTAL HEALTH SERVICE

Waiting list for Hospital care 1963

Mentally subnormal persons on waiting list for hospital care at 31st December, 1962 : 50, comprising:—

Urgency 3 (highest)	28
Urgency 2	9
Urgency 1	6
Urgency 0	7

These figures can be classified as follows :—

(*a*) **In age and sex groups—**

Urgency	Under 6		6—15		16 and over		Total
	Male	Female	Male	Female	Male	Female	
3	—	—	3	2	11	12	28
2	1	—	2	1	3	2	9
1	—	—	2	—	2	2	6
0	—	1	—	2	3	1	7
Totals ...	1	1	7	5	19	17	50

(*b*) **Time on waiting list—**

Urgency	Over 3 years	2—3 years	1—2 years	6 mths—1 year	Under 6 months	Total
3	4	1	6	4	13	28
2	—	—	2	1	6	9
1	3	—	2	1	—	6
0	3	1	3	—	—	7
Totals ...	10	2	13	6	19	50

TABLE 29

MENTAL HEALTH SERVICE

Training and Occupation of Mentally Disordered People

1. Day centres for the Mentally Subnormal administered by Health Department—

For Children	Places	No. at 31.12.63	For Adults	Places	No. at 31.12.63
Training Centres—			**Training Centre—**		
Princes Road ...	80	66	New Hall (Hawthorn) ...	60	60
Dovecot	60	59			
Garston	60	52	**Workshops—**		
New Hall (Cherry Tree)	60	51	New Hall	180	174
New Hall (Laburnum) ...	60	55			
	320	283		240	234

2. Day Special Care Unit for Mentally Subnormal Children administered by Voluntary Society.

Dorothy Keeling Unit ... ... 20 places

(Grant of half daily *per capita* cost made by Corporation.)

3. Centre for the Mentally Ill (Occupational Therapy and Social) administered by Health Department.

Johnson Street Centre ... ... 25 places

4. Home Training by Health Department Occupational Therapists.

Number under training at 31.12.63 8

TABLE 30

Persons referred to Mental Health Service in 1963

Sources of Reference	No. of Persons
General Practitioners	715
Hospitals—	
Inpatients on discharge	880
After Out-Patient or Day Treatment	102
Casualty and Reception Wards	236
Section 25 or 26 action after admission	214
Reports requested	157
Education Department (Mentally Subnormal Children or School Leavers)	197
Police and Courts	88
Relatives, Patients, Public Bodies, etc.	374
Various (Patients already receiving Community Care, referred for hospital admission)	105
Total	3,068

Action taken in above cases.

Action Taken	No. of Persons
Admitted to Hospital—	
Mental Health Act, Section 29 (Emergency)	1,083
Mental Health Act, Section 25 (Observation)	65
Mental Health Act, Section 26 (Treatment)	13
Mental Health Act, Section 60 (Court)	22
Informally*	109
Action taken after admission to hospital—	
Section 25 and 26 applications made	214
Reports made on home circumstances	157
Placed on Community Care list (including 821 Psychiatric Hospital discharges)	1351
No further action necessary	54
Total	3,068

*This number represents only a proportion of total informal admissions; in many cases the Mental Health Service was not involved in admission.

TABLE 31

MENTAL HEALTH SERVICE

Admissions to Hospitals for the Mentally Subnormal during 1963

Hospitals	Informal	Under Mental Health Act		Total
		Section 26	Section 60 Court Action	
Liverpool Regional Hospital Board—				
Greaves Hall	30	1	5	36
Newchurch	5	—	—	5
Ormskirk	6	—	—	6
Ashton House	1	2	1	4
Thingwall Hall	3	—	—	3
Olive Mount	2	—	—	2
St. Joseph's	2	—	—	2
Rathbone	13	—	—	13
Manchester Regional Hospital Board—				
Brockhall	3	4	6	13
Calderstones	1	1	6	8
Mary Dendy	—	—	1	1
Totals ...	66	8	19	93

TABLE 32

Ambulance Service — Patient Removals 1963

Number of Persons Carried	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Non-infectious—													
Out-patients	17,247	15,596	16,691	16,440	18,257	15,455	17,461	15,276	16,174	18,414	17,805	15,626	200,442
Hospital Admissions/ Discharges	3,564	3,086	3,438	3,036	3,048	2,727	2,745	2,706	2,690	2,925	2,913	3,132	36,010
Inter-hospital transfers	649	620	674	655	673	666	714	637	608	629	608	513	7,646
Infectious—													
Out-patients	—	—	—	—	—	—	—	6	—	—	—	—	6
Hospital Admissions/ Discharges	188	209	244	197	217	246	264	243	194	232	213	204	2,651
Inter-hospital transfers	10	17	24	32	28	28	38	22	26	25	17	15	282
Accident/Emergency ...	1,961	1,653	1,818	1,835	1,812	1,838	1,996	1,910	1,939	1,894	1,758	1,952	22,366
Others	208	207	330	281	387	419	575	209	177	186	24	69	3,072
	23,827	21,388	23,219	22,476	24,422	21,379	23,793	21,009	21,808	24,305	23,338	21,511	272,475

TABLE 33

AMBULANCE SERVICE—Vehicle Mileage, Petrol, Diesel and Oil Performance, 1963

Ambulance		Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	
Diesel	Mileage	30,499	23,939	30,691	25,254	27,278	25,716	27,038	25,772	24,049	21,451	20,901	21,695	304,283	Mileage
	Fuel	1,328	1,049	1,273	1,047	1,119	981	1,040	1,008	952	852	835	904	12,388	Fuel
	Oil	86	156	178	126	233	130	173	409	66	108	169	178	2,012	Oil
Petrol	Mileage	21,850	21,012	21,646	21,401	22,499	22,090	24,243	20,662	21,694	26,127	23,331	25,337	271,892	Mileage
	Fuel	1,716	1,598	1,516	1,483	1,481	1,446	1,602	1,303	1,410	1,698	1,563	1,773	18,589	Fuel
	Oil	166	185	212	177	179	194	311	252	93	101	260	178	2,308	Oil
Dual Purpose	Mileage	34,392	29,392	30,570	29,098	33,369	27,955	29,243	29,326	30,119	35,053	33,133	27,861	369,511	Mileage
	Fuel	2,317	1,914	1,933	1,800	2,001	1,711	1,929	1,677	1,798	2,083	1,981	1,830	22,974	Fuel
	Oil	184	175	178	189	275	199	428	387	159	214	252	232	2,872	Oil
Sitting Case	Mileage	5,730	5,575	6,859	7,267	7,656	5,363	8,373	7,515	6,673	8,182	6,861	6,464	82,518	Mileage
	Fuel	292	227	293	321	312	213	295	318	318	354	302	288	3,533	Fuel
	Oil	34	23	37	41	42	34	31	40	55	22	29	34	422	Oil

(*Oil figures in pints*)

ANALYSIS

	Fuel	Oil
Diesel Ambulances	... 24·6 m.p.g.	151·2 m.p.p.
Petrol Ambulances ...	... 14·6 m.p.g.	117·8 m.p.p.
Dual Purpose Ambulances	... 16·1 m.p.g.	128·6 m.p.p.
Sitting-case Ambulances ...	... 23·4 m.p.g.	195·5 m.p.p.

Vehicle Mileage	1,028,204	
Fuel { Diesel	12,388 gallons	
Fuel { Petrol	45,096 ,,	
Oil	952 ,,	

TABLE 34

AGED PERSONS AND HANDICAPPED PERSONS IN ESTABLISHMENTS PROVIDED BY OTHER LOCAL AUTHORITIES AND BY VOLUNTARY ORGANISATIONS.

STATEMENT OF ADMISSIONS, DISCHARGES AND DEATHS.

Authority or Organisation	Remaining 31.12.62	Admitted	Discharged	Died	Remaining 31.12.63
Alexian Bros. Home, Manchester ...	3	—	—	—	3
Ampthill Cheshire Home	1	—	—	—	1
" Angers House " for Spastics, Liverpool	6	2	—	—	8
Ashley House, Bognor Regis	1	—	—	—	1
British Legion Home, Ripon	1	—	—	1	—
British Legion Home, Bwlch ...	1	—	—	—	1
Cartref Dyffryn Home, Pontfadog ...	—	1	1	—	—
Catholic Blind Institute, Liverpool ...	26	6	2	4	26
Charles Best House, Parkgate ...	5	1	—	—	6
Church Army Home, Bootle	5	1	2	—	4
Convent of the Good Shepherd, Liverpool	4	—	—	—	4
Coomb Cheshire Home	1	—	—	—	1
Cotebrook Home for Cripples ...	1	—	—	—	1
David Lewis Epileptic Colony ...	10	2	—	1	11
Enham Alamein Village Centre, Hants.	2	—	—	—	2
Fair Lawn, Lytham	1	1	1	—	1
Herefordshire County Association for the Blind	—	1	—	1	—
" Honresfeld " Cheshire Home ...	1	1	1	—	1
Home and Hospital for Jewish Incurables, London	1	—	—	—	1
Jewish Blind Home, Surrey	3	—	—	—	3
Lake District Cheshire Home ...	—	1	—	—	1
Langho Epileptic Colony (Manchester Corporation)	21	8	5	—	24
Leonard Cheshire Home, Sandbach ...	2	1	1	—	2
Liverpool Home for Aged Mariners ...	7	4	5	—	6
Maghull Homes for Epileptics ...	57	12	11	3	55
" Maryland ", Formby	1	—	—	—	1
Methodist Home, Liverpool	8	—	2	—	6
Methodist Home, Colwyn Bay ...	1	—	—	—	1
Mutual Aid Homes, Minehead ...	2	—	—	1	1
Nazareth House, Ditton	15	3	5	2	11
Nazareth House, Crosby	—	11	3	2	6
National Institute for the Deaf, Bath	1	—	—	—	1
Papworth Village Settlement, Cambridge	2	—	—	—	2
Pomeroy House, Devon	1	—	—	—	1
" Ponds " Home for Spastics	1	—	—	—	1
Red Cross Home, Buxton	1	—	—	—	1
Red Cross Home, Portmadoc	1	—	—	—	1
Royal National Institute for the Blind, West Kirby	2	2	4	—	—
Royal School for the Blind, Leatherhead	3	1	1	—	3
Royal Alfred Home, Kent	4	—	—	1	3

TABLE 34—*continued*

Authority or Organisation	Remaining 31.12.62	Admitted	Discharged	Died	Remaining 31.12.63
St. Elizabeth's Home for Epileptics, Much Hadham	2	—	—	—	2
Salvation Army Home, Bootle ...	7	3	—	—	10
Salvation Army Home, Liverpool ...	11	7	3	1	14
Salvation Army Home, Ripon Lodge	—	1	1	—	—
Salvation Army Home, Clevedon ...	1	—	—	—	1
Salvation Army Home, Exeter ...	1	—	—	—	1
Salvation Army Home, Salop ...	—	1	1	—	—
"Stapely", Home for Aged Jews, Liverpool	22	14	13	—	23
"Sundale", Liverpool	7	3	2	—	8
Turner Memorial Home	30	17	18	—	29
W.V.S., "Warriston", Liverpool	2	1	—	—	3
"Woodlands", Edinburgh	1	—	—	—	1
52/54 Croxteth Road, Liverpool (Old People's Hostels Association)	11	3	—	1	13
25/27 Sefton Drive, Liverpool (Old People's Hostels Association)	10	4	—	1	13
Ayr County Council	—	1	—	—	1
Birkenhead Corporation	—	1	—	—	1
Bootle Corporation	2	—	2	—	—
Bristol Corporation	1	—	—	—	1
Cheshire County Council	2	—	—	—	2
Chester Corporation	1	—	—	—	1
Clackmannan County Council ...	1	—	—	—	1
Manchester Corporation	—	1	1	—	—
Southport Corporation	1	—	—	—	1
Staffordshire County Council ...	1	1	—	—	1
Worcestershire County Council ...	2	—	—	—	2
TOTALS	319	116	85	19	331

TABLE 35

SOCIAL WELFARE OFFICERS

The following table includes statistical details relating to the field workers' section during the year:—

Number of personal applications for advice and help ...	2,126
Number of visits paid (including 76 visits to handicapped persons)	3,252
Number of revisits (including 476 revisits to handicapped persons)	17,422
Number of persons admitted to:—	
(*a*) residential accommodation	818
(*b*) hospital	35
Number of visits and revisits in connection with the protection of the property of persons admitted to hospital etc., and the affairs of deceased persons with no known relatives ...	2,000
Requests for assistance, either by letter or telephone ...	4,400

TABLE 36

PARTICULARS OF PERSONS ADMITTED TO RESIDENTIAL ACCOMMODATION AND DESCRIPTION OF THE PREMISES FROM WHICH THEY WERE ADMITTED

	1	2	3	4	5	6	
1963	Vacated Private House	Vacated Corporation House	Vacated Flat	Living with Relatives	Living in One Room	Miscellaneous Lodgings, Residential Accommodation, etc.	Total
January ...	15	8	7	7	8	32	77
February ...	19	—	5	9	1	49	83
March ...	18	3	3	9	3	41	77
April ...	17	4	5	12	1	39	78
May	15	5	2	19	2	32	75
June ...	9	1	4	19	2	24	59
July	12	3	1	30	—	24	70
August ...	14	7	4	24	1	15	65
September ...	14	3	9	10	1	42	79
October ...	20	2	1	5	2	54	84
November ...	9	1	3	5	—	14	32
December ...	15	1	1	8	2	12	39
Totals ...	177	38	45	157	23	378	818

TABLE 37

RESIDENTIAL ACCOMMODATION—AGED PERSONS

The total accommodation available for use on 31st December, 1963, was as follows :—

Establishment	No. of Beds	Date of Opening
Westminster House	560	5. 7.1948*
Aigburth House	52	16. 7.1953
Altcross House	57	11. 4.1957
Beechley	38	9.11.1950
Brookfield	33	21. 1.1952
Brookside House	40	5. 3.1957
Cavendish House	59	23. 9.1963
Croxteth Lodge	30	17.12.1956
Holt House	58	24. 9.1953
Lismore	36	10.12.1951
Melwood House	56	18. 2.1963
Moreno House	32	14. 1.1949
New Grafton House	109	5. 7.1948*
New Parkfield House	27	18.12.1950
Park House	20	30.12.1949
Ullet Grange	29	13.11.1957
Westdene	48	16. 3.1962
Total	1,284	

* In occupation by the Local Authority prior to 5th July, 1948.

TABLE 38

TEMPORARY ACCOMMODATION PROVIDED AT LOWER BRECK ROAD UNDER SECTION 21(1)(b) OF THE NATIONAL ASSISTANCE ACT

Remaining 31.12.62	Admitted	Discharged	Remaining 31.12.63
61	1,276	1,231	106

TABLE 39

REGISTERED BLIND PERSONS-1963

The following table shows the number of registered blind persons in Liverpool.

Age	Males	Females	Total
0	—	—	—
1	—	1	1
2	—	—	—
3	—	1	1
4	1	1	2
5—10...	9	7	16
11—15...	11	15	26
16—20...	13	5	18
21—29...	16	20	36
30—39...	48	27	75
40—49...	67	59	126
50—59...	96	92	188
60—64...	56	66	122
65—69...	75	88	163
70—79...	121	255	376
80—84...	52	135	187
85—89...	31	83	114
90+	7	30	37
TOTALS ...	603	885	1,488

TABLE 40

REGISTERED BLIND PERSONS—NEW CASES 1963

The following table shows by age-groups the number of newly-blinded added to the register during 1963:—

Age Groups	Males	Females	Total
0	—	—	—
1	—	1	1
2	—	—	—
3	—	1	1
4	—	—	—
5—10	—	—	—
11—15	1	—	1
16—20	1	—	1
21—29	—	—	—
30—39	2	1	3
40—49	3	2	5
50—59	4	7	11
60—64	1	7	8
65—69	6	7	13
70—79	8	18	26
80—84	3	15	18
85—89	2	8	10
90+	1	5	6
TOTALS ...	32	72	104

TABLE 41

PARTIALLY-SIGHTED PERSONS

The following table shows the number of registered partially-sighted persons in Liverpool:—

Age Groups	Males	Females	Total
0— 1	—	—	—
2— 4	1	1	2
5—15	48	21	69
16—20	17	12	29
21—49	28	21	49
50—64	31	22	53
65+	42	119	161
TOTALS ...	167	196	363

TABLE 42

PARTIALLY-SIGHTED PERSONS—NEW CASES 1963

The following table shows by age groups the number of new cases of partially-sighted persons added to the register during 1963:—

Age Groups	Males	Females	Total
0— 1	—	—	—
2— 4	2	1	3
5—15	4	2	6
16—20	—	—	—
21—49	3	1	4
50—64	4	1	5
65+	8	17	25
TOTALS ...	21	22	43

TABLE 43

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS

	Cause of Disability			
(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Other
(*a*) No treatment	37	13	2	95
(*b*) Treatment (medical, surgical or optical) ...	22	12	1	59
(ii) Number of cases at (i) (*b*) above which on follow-up action have received treatment	14	9	1	46

TABLE 44

MEDICAL EXAMINATIONS

Department	Admission to Super-annuation Scheme		Extension of Sick pay		Fitness of newly appointed officer		Suitability to Continue employ-ment		Total
	Fit	Unfit	Fit	Unfit	Fit	Unfit	Fit	Unfit	
Airport	7	1	—	—	8	—	2	2	20
Art Gallery	3	—	—	—	1	—	—	—	4
Baths	33	—	2	—	4	—	2	2	43
Building Surveyor's	—	—	—	—	7	—	—	—	7
Children's	1	—	7	—	49	—	5	3	65
City Analyst	—	—	—	—	3	—	—	—	3
City Architect's	128	8	31	3	42	—	24	9	245
City Engineer's	248	9	127	32	113	1	22	10	562
City Lighting	38	—	3	—	2	—	3	3	49
City Treasury	3	—	1	—	80	—	1	—	85
Education	102	2	12	1	308	2	23	65	515
Fire Service	1	—	2	—	12	—	4	—	19
Health	51	2	20	—	245	1	17	17	353
Libraries	3	—	1	—	52	—	2	1	59
Magistrates	—	—	—	—	6	—	—	—	6
Markets	11	—	—	—	6	—	1	—	18
Mersey Tunnel	16	—	7	—	*45	—	6	2	76
Museums	2	—	1	—	3	—	2	—	8
Parks and Gardens	55	4	3	—	22	—	3	5	92
Passenger Transport ...	489	4	1	1	15	—	2	25	537
Police	12	2	—	—	13	—	—	2	29
Probation	—	—	—	—	16	—	—	—	16
Town Clerk's	—	—	—	—	32	—	1	1	34
Water	67	—	16	3	23	—	3	3	115
Weights and Measures ...	—	—	—	—	2	—	—	—	2
TOTAL	1,270	32	234	40	1,109	4	123	150	2,962

Total Fit	2,736	Cancelled	385
Total Unfit	226	Other Authorities ...	64

*Included in this figure are 41 employees who had examinations as a periodical check on their general health.

TABLE 45

PARTICULARS OF SHOPS INSPECTIONS-1963

Total Number of Shops—14,000 (approx.)

Inspections

Retail Food Shops	2,706
Retail Non-Food Shops	832
Cafes, Restaurants, etc.	788
Fried Fish Shops	126
Clubs	775
Hairdressers	152
Pet Stores	75
Wholesale Shops	16,321
Wholesale Warehouses	2,363
Street Traders	129
Places of Entertainment	64
Merchandise Marks Act	1,945
Special Visits	285
Half-holiday Closing—	
Visits to shops after 1 p.m.	706
Evening closing—	
Visits to Shops	5,406
Sunday Closing—	
Visits to Shops on Sunday	347

Notices

Shops' Act, 1950	38
Food Hygiene Regulations	104
Food Byelaws	2

TABLE 46

RETAIL FOOD BUSINESSES

Inspections-1963

Licensed premises	1,064
Off-licence premises	167
Ice cream vendors	1,914
Bread and confectionery	408
Butchers and cooked meats	795
Cafes, snack bars, etc.	400
Dairies (Registered)	723
Fishmongers and poulterers	204
General	1,250
Greengrocers	882
Grocery and provisions	951
Sweets, minerals, etc.	1,285
Fish frying establishments	483

TABLE 47

FACTORY INSPECTION

FACTORIES ACT, 1961
Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by the Public Health Inspectors)—1963.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by local authorities ...	821	363	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by local authority	2,530	2,411	25	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding outworkers premises)	25	63	1	—
TOTAL	3,376	2,837	27	—

2. Cases in which Defects were found—1963

Particulars (1)	Number of Cases in which Defects were found				Number of Cases in which Prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	4	4	2	4	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	1	—
Inadequate ventilation (S.4) ...	1	1	1	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(*a*) Insufficient	4	2	—	—	—
(*b*) Unsuitable or defective ...	15	14	—	10	—
(*c*) Not separate for sexes ...	2	2	—	2	—
Other offences against the Act (not including offences relating to outwork)	5	5	5	2	—
Total	32	29	8	19	—

TABLE 48

FACTORIES ACT
Part VIII of the Act
OUTWORK—1963
(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1) (*c*) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel—making, etc.	163	—	—	—	—	—
Stuffed toys ...	17					
Christmas stockings	78	—	—	—	—	—
Total ...	258	—	—	—	—	—

TABLE 49

SUMMARY OF PROSECUTIONS (Cases Heard)—Year 1963

Act	Section	No. of Informations or Complaints	Penalties	Costs	Orders
			£ s. d.	£ s. d.	
Public Health Act, 1936 } Notices	75	4	7 0 0	—	—
Public Health Act, 1936 } Notices	94	52	80 15 0	—	34
Public Health Act, 1936 } Notices	95	3	3 0 0	—	—
Public Health Act, 1936 } Notices	290 (6)	31	42 5 0	—	—
Public Health Act, 1936—Rag Gatherers	154	2	3 0 0	—	—
Shops Act, 1950	Evening Closing	1	3 0 0	—	—
Shops Act, 1950	Half-holiday Closing	3	2 0 0	—	—
Shops Act, 1950	Sunday Closing	—	—	—	—
Food and Drugs Act, 1955	(Food not of quality demanded)	3	10 0 0	8 0 0	—
Food and Drugs Act, 1955	(Selling Milk with added water)	7	75 0 0	10 10 0	—
Food Hygiene (General) Regulations, 1960	—	29	171 0 0	—	—
Food Byelaws (made under Sec. 15 of the Food and Drugs Act, 1938) Byelaw 7(a)	... ...	... 1	3 0 0	— — —	—
Liverpool Corporation, Act 1921.	... 482 ...	... 1	1 0 0	— — —	—
TOTALS	... ...	137	£401 10 0	£18 10 0	34

TABLE 50

CLEAN AIR ACT, 1956—INSPECTIONS, OBSERVATIONS, ETC.

PARTICULARS OF INSPECTIONS—1963

Total number of inspections to secure smoke control	38,451
Incidental visits	11,462
Re-visits	12,155
Special visits	18,162
Advisory visits	22,325
Total number of appliances examined	9,374
Number of mechanical stokers	26

OBSERVATIONS

Industrial Chimneys

Routine observations	108
Total minutes of excess smoke recorded	56
Special observations	31

SHIPPING

Routine observations	391
Total minutes of excess smoke recorded	9

TABLE 51

CLEAN AIR ACT, 1956—SECTION 3

APPROVAL OF NEW FURNACES—1963

Notices of intentions to instal received	101
Application for approval received	98
Application returned for modification	11
Installations approved	98

TABLE 52

CLEAN AIR ACT, 1956—SECTION 10

HEIGHTS OF NEW CHIMNEYS—1963

Plans examined to check chimney height	101
Plans approved	98
Plans approved after chimney height increased	12
Plans withdrawn	3

TABLE 53

ATMOSPHERIC POLLUTION MEASUREMENT—1963

STANDARD DEPOSIT GAUGE

The results are quoted in tons per square mile per month and the averages are as follows :—

Location of Instrument	Tons per Square Mile
Aigburth Vale	9·95
Clarence Dock	44·78
Love Lane	24·48
Fairclough Lane	17·48
Dunbabin Road...	13·51
Rocky Lane (Childwall)	13·15
Mill Lane (West Derby)	15·08
Hatton Garden	20·73

LEAD PEROXIDE METHOD

The daily average for the year is quoted in milligrams per 100 square centimetres.

Clarence Dock	3·44
Fairclough Lane	3·45
Dunbabin Road...	2·72
Mill Lane (West Derby)	2·79

TABLE 54

ATMOSPHERIC POLLUTION MEASUREMENT—1963

Smoke and Sulphur Dioxide Volumetric Filter

	SMOKE												$S.O._2$											
	J.	F.	M.	A.	My	Jn.	Jy.	A.	S.	O.	N.	D.	J.	F.	M.	A.	My	Jn	Jy	A.	S.	O.	N.	D.
HATTON GARDEN																								
Average Value	285	230	151	176	63	69	93	79	128	124	248	351	726	571	376	347	199	186	180	154	274	357	469	666
Highest Value	534	399	249	404	224	119	256	171	317	255	588	876	1,202	1,210	756	730	365	377	426	343	612	700	829	1,299
Lowest Value ...	144	118	71	20	12	32	48	48	51	74	52	108	374	226	213	184	95	86	88	84	98	154	280	378
GARSTON																								
Average Value	457	477	425	236	128	139	203	146	213	401	371	483	663	552	388	364	212	250	215	214	248	300	260	431
Highest Value	940	1092	756	468	288	488	968	364	460	1676	784	1328	1,056	1,050	964	870	485	592	468	547	526	794	443	944
Lowest Value ...	100	131	262	12	20	0	20	20	40	56	140	306	287	402	190	178	95	109	96	97	82	123	154	82
WOOLTON																								
Average Value	230	200	136	126	67	52	71	60	99	80	118	177	571	464	303	255	164	152	145	151	220	194	253	299
Highest Value	585	298	291	285	140	102	183	140	203	130	212	60	1,430	638	617	479	289	242	310	245	420	316	459	702
Lowest Value ...	81	149	71	70	44	33	30	23	29	17	39	55	238	327	133	150	97	115	95	79	96	125	153	138
CROXTETH																								
Average Value	—	166	124	100	48	27	49	51	95	125	151	186	—	438	270	246	173	172	150	147	179	199	259	280
Highest Value	—	220	239	191	90	42	126	106	219	301	298	530	—	620	501	393	304	317	283	255	342	312	382	532
Lowest Value ...	—	109	32	36	9	8	28	33	39	70	47	77	—	280	132	126	100	96	79	88	89	127	139	161

Note:— Measurements are in microgrammes per cubic metre.

TABLE 55

COMPULSORY PURCHASE ORDERS CONFIRMED 1963

Date Confirmed	Order	Houses	Population
2.1.63	Torr Street No. 4 Clearance Area Compulsory Purchase Order	10	62
4.1.63	Rankin Street Clearance Area Compulsory Purchase Order	37	179
13.3.63	Melbourne Street Clearance Area Compulsory Purchase Order	113	461
15.5.63	Netherfield Road North No. 4 Clearance Area Compulsory Purchase Order	5	23
16.7.63	Baker Street No. 3 Clearance Area Compulsory Purchase Order	150	453
24.7.63	Everton Brow Clearance Area Compulsory Purchase Order	7	85
12.8.63	Palatine Street Clearance Area Compulsory Purchase Order	82	296
21.8.63	Plumpton Street Area Compulsory Purchase Order	21	136
10.9.63	Blackstone Street Clearance Area Compulsory Purchase Order	6	35
20.9.63	Radcliffe Street Area Compulsory Purchase Order	152	576
4.10.63	Radcliffe Street No. 3 Clearance Area Compulsory Purchase Order	234	1,013
3.12.63	Baker Street Area Compulsory Purchase Order ...	224	769
	Totals	1,041	4,088

TABLE 56

CLEARANCE AREAS NOT YET CONFIRMED BY THE MINISTER AT 31st DECEMBER, 1963

Area	Houses	Population
Greenwood Street No. 1 Clearance Area, 1960	192	683
Greenwood Street No. 2 Clearance Area, 1960	6	29
Newlands Street No. 1 Clearance Area, 1961	220	869
Newlands Street No. 2 Clearance Area, 1961	4	13
Gordon Street Clearance Area, 1961	142	666
Kepler Street No. 1 Clearance Area, 1961	178	629
Kepler Street No. 2 Clearance Area, 1961	3	16
Hibbert Street Clearance Area, 1961	177	646
Rose Vale No. 4 Clearance Area, 1961	4	33
Edinburgh Street Clearance Area, 1962	409	1,596
Thomas Street (Garston) Clearance Area, 1962	48	173
Dale View (Garston) Clearance Area, 1962	18	58
Aigburth Vale Clearance Area, 1962	144	418
Portwood Street Clearance Area, 1962	91	331
Seacome Street Clearance Area, 1962	330	1,287
Everton Road Clearance Area, 1963	5	29
Gleave Street Clearance Area, 1963	157	561
Margaret Street Clearance Area, 1963	7	36
Mill Road No. 4 Clearance Area, 1963	5	21
Great Mersey Street No. 2 Clearance Area, 1963	51	315
York Terrace No. 1 Clearance Area, 1963	59	258
York Terrace No. 2 Clearance Area, 1963	25	124
Chatsworth Street Clearance Area, 1963	378	1,249
Carlisle Street Clearance Area, 1963	6	19
Smithdown Lane No. 1 Clearance Area, 1963	32	101
Smithdown Lane No. 2 Clearance Area, 1963	5	19
Tunnel Road No. 1 Clearance Area, 1963	24	82
Tunnel Road No. 2 Clearance Area, 1963	11	35
Tunnel Road No. 3 Clearance Area, 1963	3	17
Woodruff Street No. 2 Clearance Area, 1963	100	388
Cochrane Street No. 1 Clearance Area, 1963	203	646
Cochrane Street No. 2 Clearance Area, 1963	29	120
Falkner Street No. 2 Clearance Area, 1963	162	956
Falkner Street No. 3 Clearance Area, 1963	452	2,664
Falkner Street No. 4 Clearance Area, 1963	2	14
Falkner Street No. 5 Clearance Area, 1963	3	30
Falkner Street No. 6 Clearance Area, 1963	29	200
Bamber Street No. 1 Clearance Area, 1963	66	284
Bamber Street No. 2 Clearance Area, 1963	149	662
Bamber Street No. 3 Clearance Area, 1963	4	44
Bamber Street No. 4 Clearance Area, 1963	2	8
Bamber Street No. 5 Clearance Area, 1963	3	13
Taylor Street No. 1 Clearance Area, 1963	181	762
Taylor Street No. 2 Clearance Area, 1963	3	7
Taylor Street No. 3 Clearance Area, 1963	21	77
Totals	4,143	17,098

TABLE 57

SUMMARY OF RODENT INFESTATIONS AND DISINFESTATIONS OF BUILDINGS AND LANDS DURING THE YEAR 1963

Description of Premises	Infestations				Reinfestations during the Year				Category		Total infestations and reinfestations	Total remedied
	Premises	Rats	Rats and Mice	Mice	Premises	Rats	Rats and Mice	Mice	Major	Minor		
Shops	580	265	7	308	28	11	—	21	—	612	612	610
Factories	269	155	12	102	34	20	7	13	1	308	309	302
Warehouses	214	152	9	53	21	25	—	3	—	242	242	237
Dwelling-houses	2,383	1,623	3	757	40	30	1	13	—	2,427	2,427	2,379
Other buildings and lands	1,073	568	27	478	67	28	—	47	1	1,147	1,148	985
Food premises (included in above)...	(690)	(303)	(13)	(374)	(14)	(7)	(2)	(5)	(—)	(704)	(704)	(538)
TOTAL	4,519	2,763	58	1,698	190	114	8	97	2	4,736	4,738	4,513

NOTE :—Infestations remedied include 328 outstanding from 1962.

TABLE 58

RAT DESTRUCTION IN SEWERS.

MAINTENANCE TREATMENTS.

Sewer Manholes treated	Initial Treatment 1953	Maintenance Treatments		
		1963 (1)	1963 (2)	1963 (3)
Pre-baited...	16,378	12,162	12,347	12,583
Pre-bait taken	9,329	1,974	1,607	2,098
Poison baited	11,141	4,002	3,386	4,576

TABLE 59

RAT DESTRUCTION IN SEWERS

ANNUAL TEST BAITING

Test Baiting Divisions	Year 1953	Year 1962	Year 1963
Total number of manholes	6,337	11,808	11,798
Number of manholes tested	797	1,311	1,282
Number of manholes showing takes	68	43	28

TABLE 60

QUANTITY OF FOOD CONDEMNED FOR DISEASE OR FOUND UNFIT FOR HUMAN CONSUMPTION

	Tons	Cwts.	Qrs.	Lbs.
Beef, Mutton, Veal and Pork	166	—	—	7
Offal	402	6	—	20
Fish (Wet)	24	3	1	2
Fish (Dry)	2	5	3	16
Shellfish	2	19	2	11
Poultry	—	18	—	9
Game	—	3	—	18
Rabbits and Hares	—	3	1	7
Fruit	150	18	3	27
Vegetables	534	8	—	18
Canned Goods	52	19	3	10
Sundries	5	12	—	2
Dried Fruits	1	—	—	12
Nuts	8	17	3	2
	1,352	16	1	21

TABLE 61

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS

COUNTY BOROUGH OF LIVERPOOL, 1963

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Food Poisoning Notifications (Corrected) As returned to Registrar-General ...	9	12	25	17	63
Cases Otherwise Ascertained	1	13	45	12	71
Fatal Cases...	—	—	—	—	—

Symptomless Excreters 25

Particulars of Outbreaks

	No. of Outbreaks		No. of Cases		Total No. of Cases
	Family Outbreaks	Other Outbreaks	Notified	Otherwise Ascertained	
Agent identified (*a*) *Salmonella brandenburg* ...	—	1	6	—	6
Total	—	1	6	—	6

Single Cases

	No. of Cases		Total No. of Cases
	Notified	Otherwise Ascertained	
Agent identified	57	71	128
Agent not identified ...	—	—	—

Agents

Staph. pyogenes	13	*Salmonella organisma* ...	115

Type

Sal. enterides	3	*Sal. singapore*	1
Sal. heidelberg	5	*Sal. thompson*	22
Sal. nagoya	2	*Sal. typhimarium*	57
Sal. newport	22	*Sal. worthington*	2
Sal. oranienberg	1		

TABLE 62

NUMBER OF CASES OF CERTAIN INFECTIOUS DISEASES REPORTED DURING 1963

	January	February	March	April	May	June	July	August	September	October	November	December	Totals
Scarlet Fever ...	19	31	38	45	48	27	50	20	32	76	58	51	495
Measles and German Measles	1601	617	292	261	259	212	238	155	128	246	310	518	4,837
Diphtheria	1	1	—	—	—	—	1	—	—	—	—	—	3
Cerebro-spinal Fever	2	—	2	2	2	2	1	2	—	1	1	—	15
Poliomyelitis													
Paralytic	—	—	1	—	—	—	—	—	—	—	—	—	1
Non-Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia and Influenzal Pneumonia	48	39	64	12	15	17	18	6	6	23	72	29	349
Dysentery	19	20	20	73	38	36	50	19	22	27	29	30	383
Whooping Cough ...	45	58	61	101	153	204	290	210	233	173	151	83	1,762
Food Poisoning ...	4	2	3	2	3	7	5	6	14	12	1	4	63

TABLE 63

NOTIFICATIONS OF TUBERCULOSIS 1928—1963

	Children (0–4 years)		Schoolchildren (5–14 years)		Adolescents & Adults (15+ years)	
Year	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1928	93	159	407	244	1968	242
1929	106	164	425	238	1975	269
1930	98	178	470	256	1890	263
1931	88	163	365	267	1805	289
1932	71	125	277	279	1757	268
1933	77	138	262	266	1941	250
1934	56	107	223	234	1624	244
1935	36	93	167	178	1494	231
1936	36	85	185	165	1424	197
1937	30	77	128	159	1397	172
1938	43	82	117	118	1218	186
1939	24	64	72	78	1117	175
1940	26	59	51	67	1234	148
1941	33	68	44	79	1225	158
1942	32	63	54	84	1284	201
1943	47	60	64	107	1368	168
1944	29	45	68	58	1344	147
1945	35	45	60	70	1360	133
1946	35	40	63	72	1380	125
1947	50	37	88	69	1341	128
1948	51	49	79	49	1490	130
1949	63	41	77	63	1479	107
1950	106	32	113	41	1353	91
1951	106	26	101	47	1328	87
1952	90	37	161	35	1318	67
1953	77	18	130	27	1175	78
1954	46	22	114	28	975	97
1955	46	24	82	23	951	71
1956	34	9	88	13	938	81
1957	46	9	79	12	892	80
1958	47	17	61	11	686	48
1959	29	12	54	6	1550	30
1960	17	3	24	5	398	36
1961	19	6	26	6	360	42
1962	24	3	23	2	391	45
1963	35	3	37	2	319	38

TABLE 64

AGE PERIODS OF DEATHS FROM TUBERCULOSIS DURING 1963

Age Periods.	Respiratory		Meninges and C.N.S.		Other Forms	
	Males.	Females.	Males.	Females.	Males.	Females.
0— 1	—	—	—	—	1	—
1— 4	—	—	—	—	—	—
5— 9	—	—	—	—	—	—
10—14	—	—	—	1	—	—
15—19	—	—	—	—	—	—
20—24	—	—	—	—	—	—
25—34	—	—	—	—	—	—
35—44	4	3	—	—	—	—
45—54	6	3	—	—	—	1
55—64	8	2	—	—	—	1
65—over	23	5	—	—	—	—
Totals ...	41	13	—	1	1	2

TABLE 65

INCIDENCE, PREVALENCE AND MORTALITY FROM RESPIRATORY TUBERCULOSIS

1948-1963

Year	New cases notified	Incidence Rate per 1,000 population for new cases	Number of Deaths	Death Rate per 1,000 population	England and Wales Death Rate	Estimated Number on register mid-year	Prevalence rate per 1,000 population	Mortality rate per 1,000 cases
1948	1,618	2·04	630	0·79	0·44	4,613	5·82	136·6
1949	1,619	2·02	542	0·68	0·40	5,122	6·4	105·8
1950	1,572	1·96	481	0·60	0·32	5,654	7·0	85·1
1951	1,531	1·95	406	0·52	0·27	6,830	8·7	59·4
1952	1,569	1·98	269	0·34	0·21	6,876	8·7	39·1
1953	1,382	1·75	258	0·33	0·18	7,665	9·7	33·6
1954	1,135	1·44	232	0·29	0·16	8,167	10·4	28·4
1955	1,082	1·39	185	0·24	0·13	8,524	10·9	21·7
1956	1,016	1·31	137	0·177	0·109	8,539	11·0	16·0
1957	1,021	1·33	123	0·160	0·095	8,670	11·3	14·2
1958	795	1·04	109	0·143	0·089	8,330	10·9	13·1
1959	1,633	2·15	102	0·135	0·077	9,310	12·3	10·9
1960	439	0·58	81	0·107	0·068	7,783	10·3	10·4
1961	405	0·54	80	0·107	0·065	6,960	9·3	11·5
1962	438	0·59	74	0·099	0·059	6,165	8·3	12·0
1963	391	0·53	54	0·073	0·056	5,849	7·9	9·2

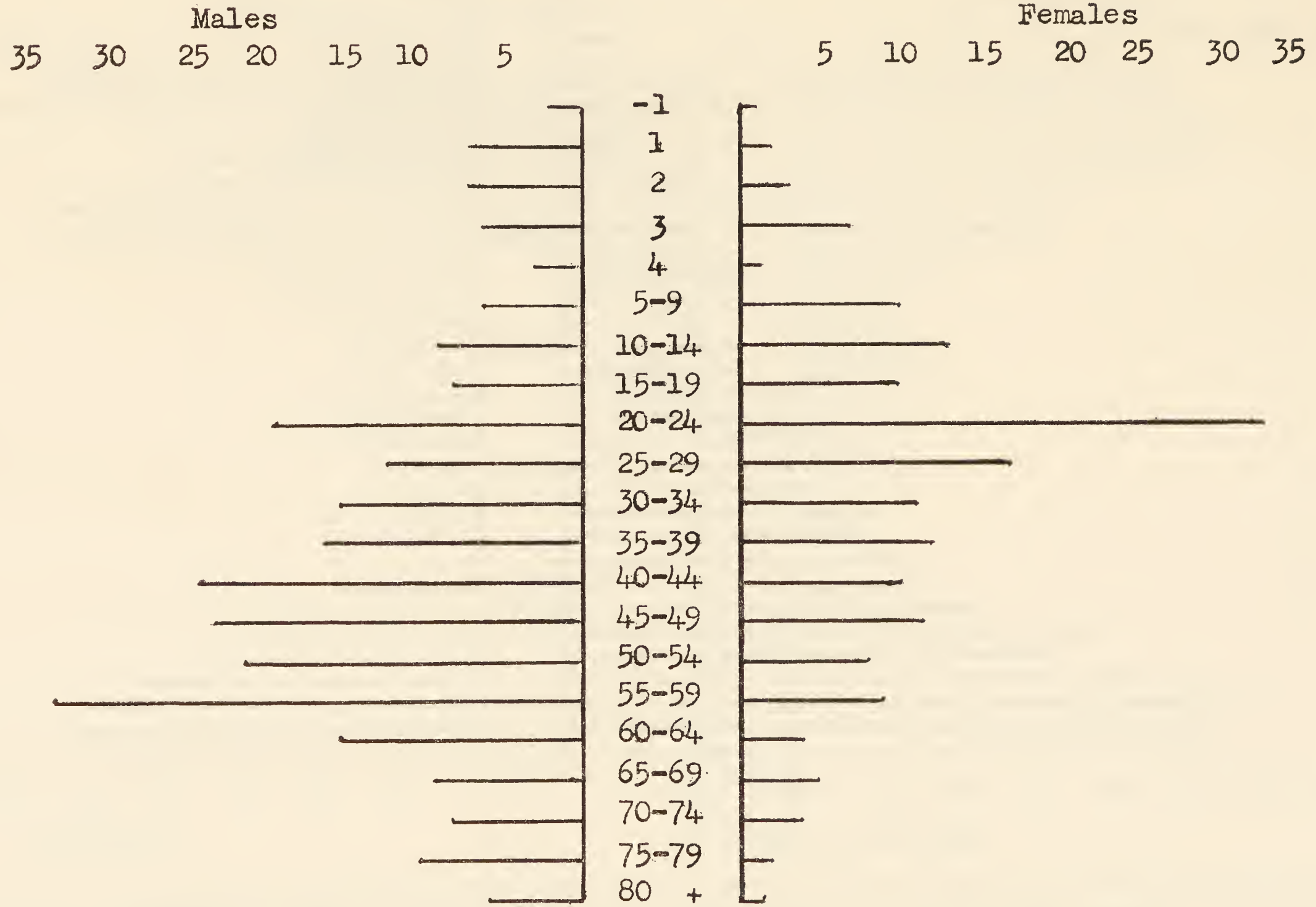
TABLE 66

METEOROLOGICAL SUMMARY, 1963

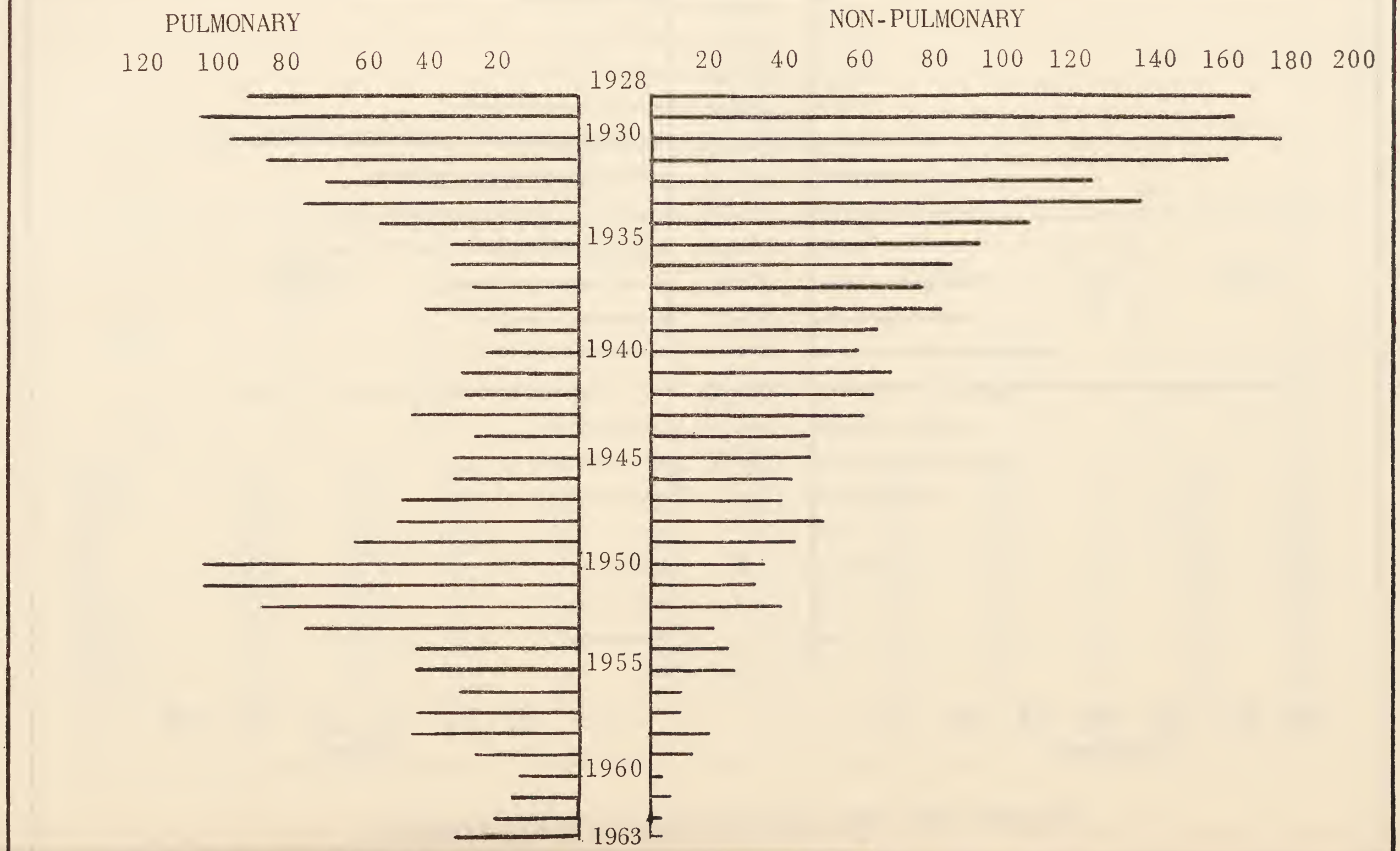
Recorded at Liverpool Observatory and Tidal Institute, Bidston.

Month	Mean Barometric Pressure in.		Temperature °F. Mean		Mean Max.	Mean Min.	Rainfall in.		No. of days with rain	Sunshine hrs.	
	1963	Normal	1963	Normal	1963	1963	1963	Normal	1963	1963	Normal
January ...	30·31	29·92	30·8	39·7	34·0	27·0	0·76	2·33	5	61·8	51·9
February ...	29·86	29·93	31·9	40·1	35·5	28·4	0·43	1·75	5	92·5	67·2
March	29·76	29·91	43·0	42·4	47·9	38·5	1·37	1·72	14	109·7	111·9
April	29·83	29·92	46·8	46·7	52·1	42·3	1·90	1·70	20	125·1	160·6
May	29·97	29·97	50·7	52·1	56·6	45·5	0·87	2·03	13	209·0	202·7
June	29·87	29·99	58·5	57·3	65·1	52·4	3·08	2·01	20	196·5	208·6
July	30·01	29·95	58·9	60·1	65·6	53·5	0·64	2·68	12	198·6	183·0
August... ...	29·75	29·92	57·3	59·8	61·7	53·4	3·78	3·15	18	137·3	167·6
September ...	30·01	29·96	55·1	56·3	60·0	50·3	2·96	2·72	14	157·0	132·1
October ...	29·97	29·90	52·3	50·1	56·8	48·3	2·57	3·15	18	100·3	95·9
November ...	29·48	29·88	47·2	44·3	50·4	43·2	4·01	2·71	23	52·2	59·1
December ...	30·11	29·86	39·1	41·0	42·2	35·1	0·31	2·65	6	52·9	42·2
Year	29·91	29·93	47·6	49·2	52·3	43·2	22·68	28·59	168	1492·9	1482·9

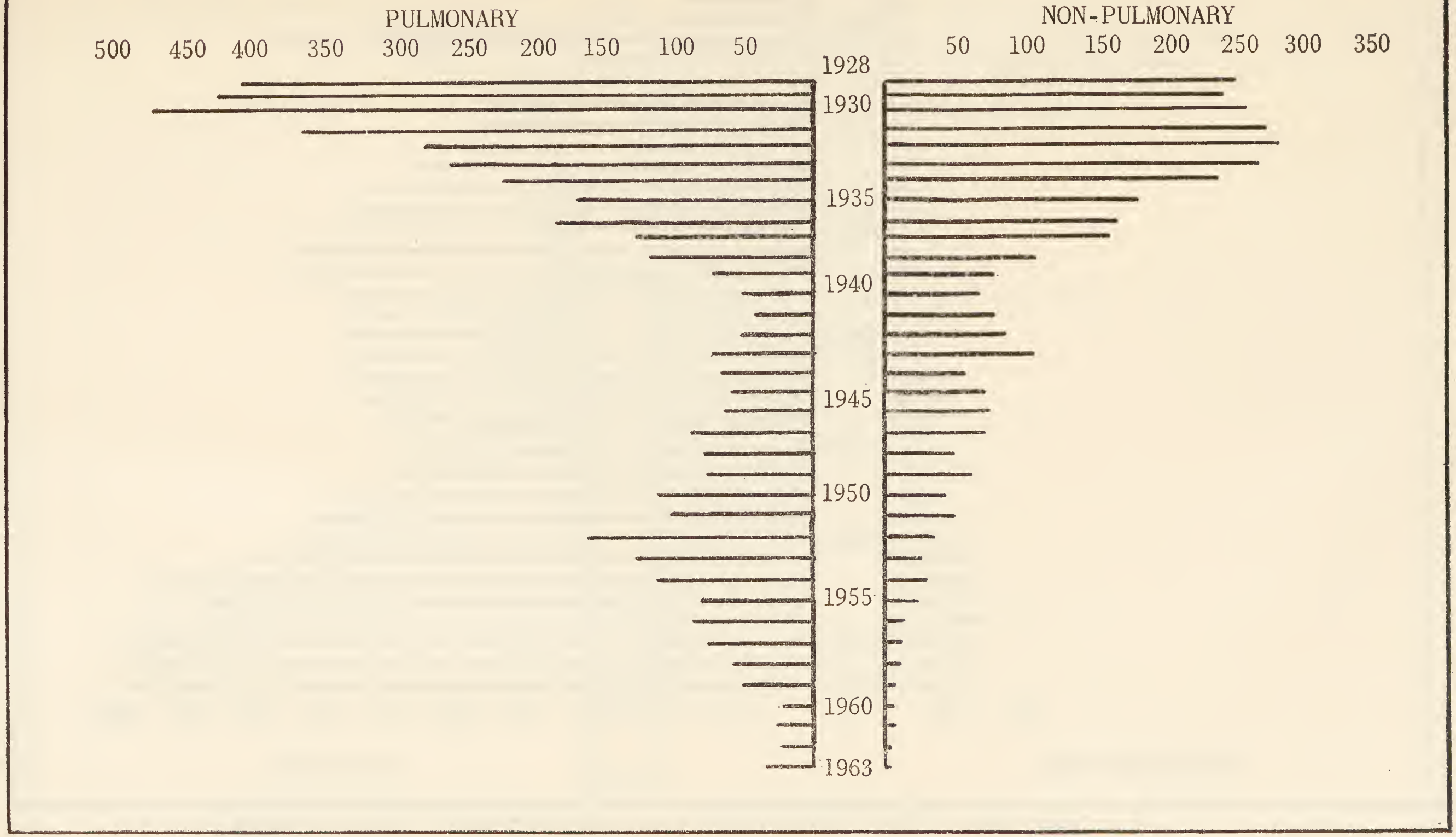
TUBERCULOSIS NOTIFICATIONS - 1963 - AGE GROUPS



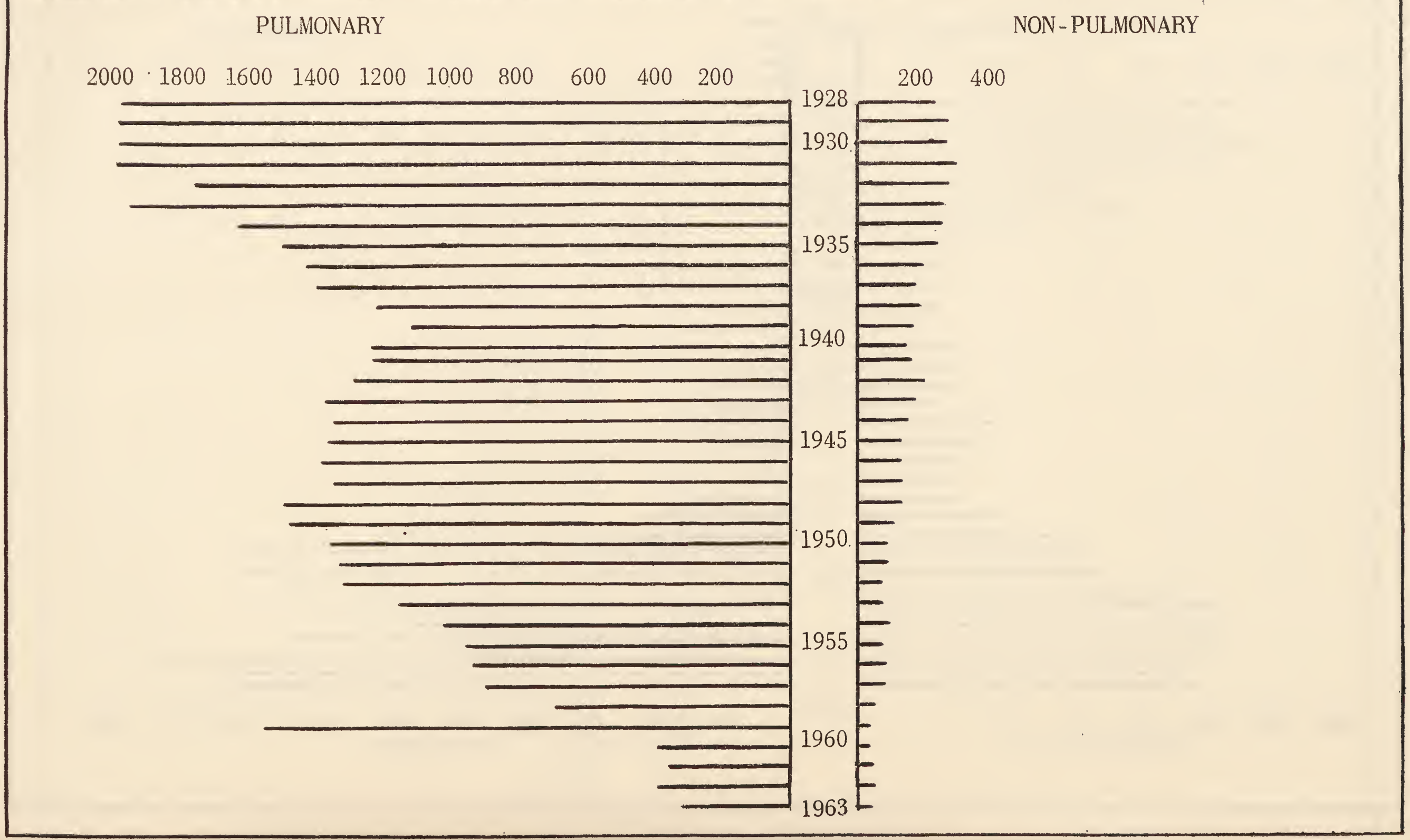
TUBERCULOSIS NOTIFICATIONS OF CHILDREN (0 - 5 years) 1928 - 1962 2



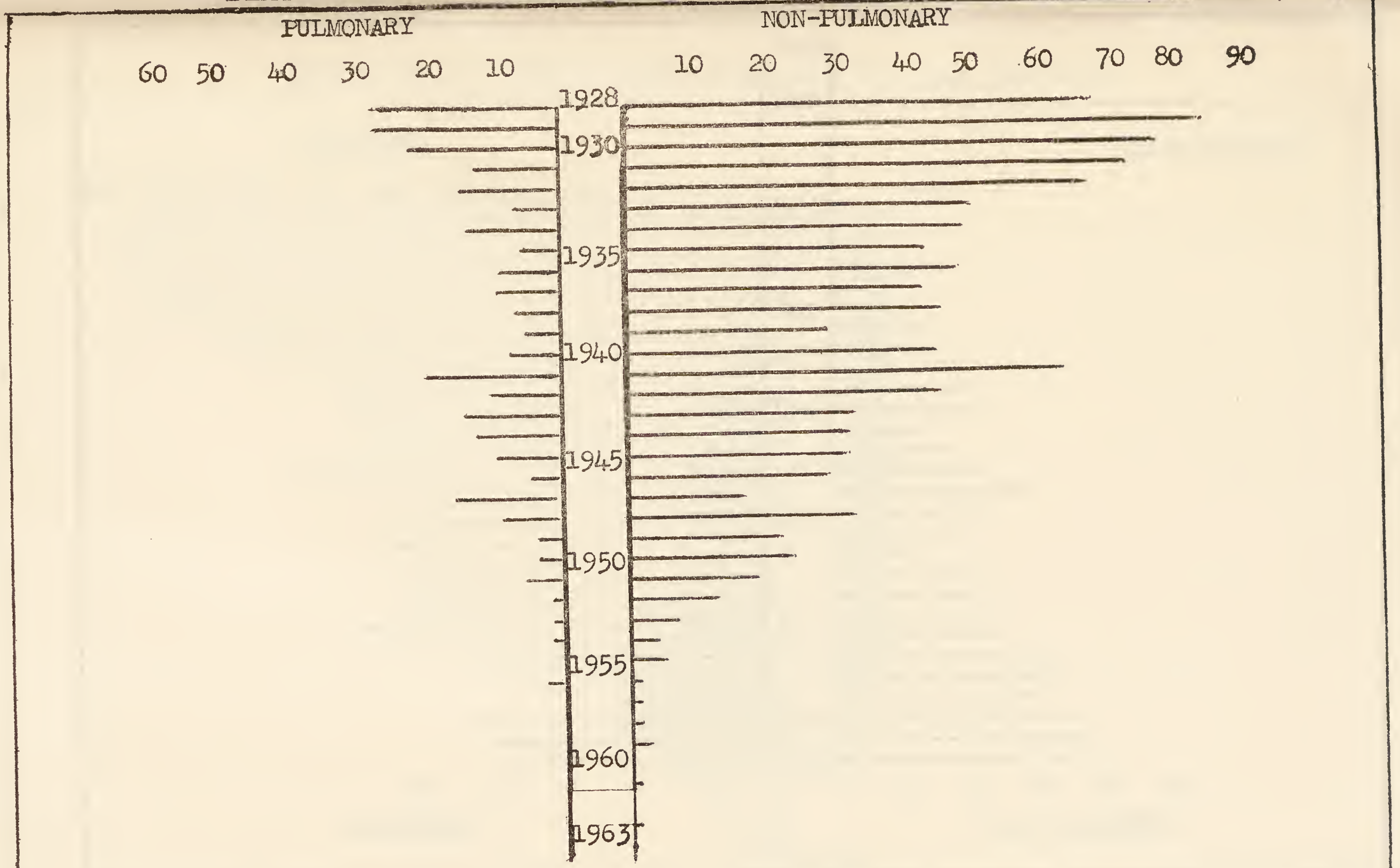
TUBERCULOSIS NOTIFICATIONS OF SCHOOLCHILDREN (5 - 15 years) 1928 - 1963



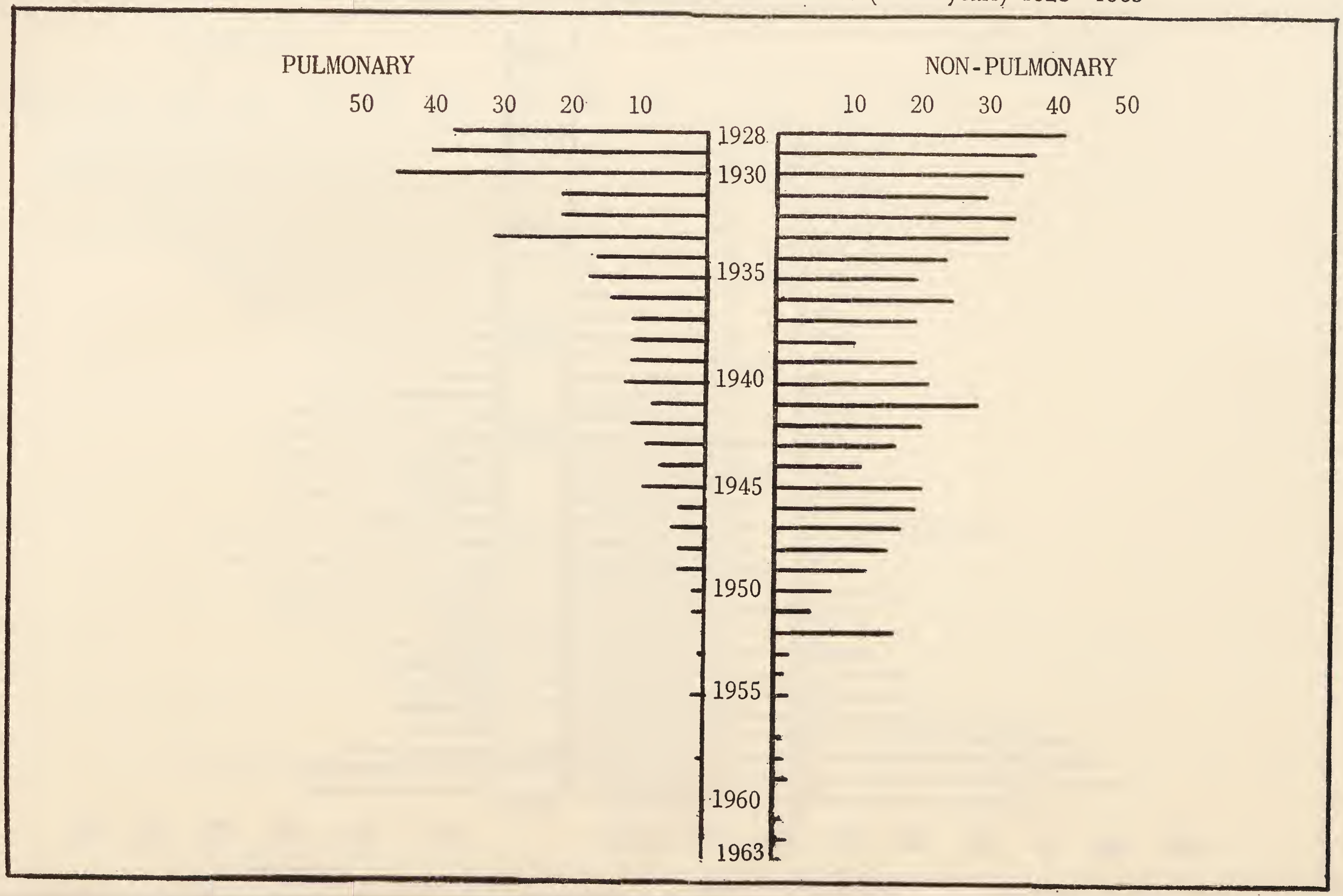
TUBERCULOSIS NOTIFICATIONS OF ADULTS (15+ years) 1928 - 1963.



DEATHS FROM TUBERCULOSIS (0 - 5 years) 1928 - 1963



DEATHS FROM TUBERCULOSIS OF SCHOOLCHILDREN (5 - 15 years) 1928 - 1963



DEATHS FROM TUBERCULOSIS OF ADULTS (15+ years) 1928 - 1963.

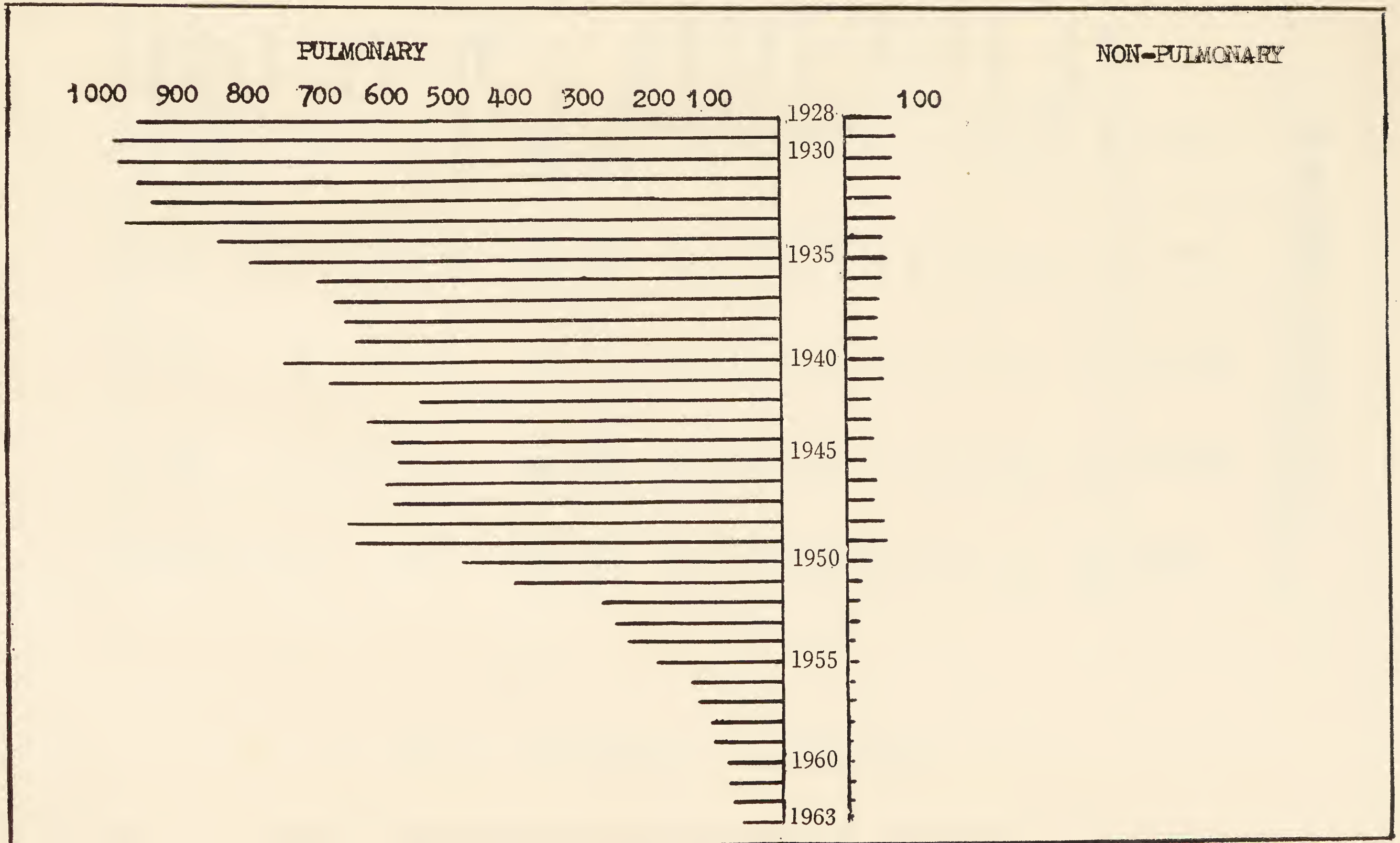


TABLE 68.

TABLE SHOWING POPULATION, BIRTH RATES, DEATH RATES, INFANT AND MATERNAL MORTALITY RATES, ETC., OF A NUMBER OF THE LARGER AUTHORITIES FOR 1963.

Name of Authority	Birmingham	Bradford	Bristol	Cardiff	Kingston-upon-Hull	Leeds	Leicester	Liverpool	Manchester	Nottingham	Sheffield
Registrar-General's estimated population for 1963	1,115,630	297,040	433,920	260,640	301,000	513,800	270,390	739,740	654,670	315,050	495,290
Comparability factor—											
(a) Births	0.99	1.04	1.03	0.99	0.97	1.00	1.07	0.94	1.00	0.99	1.01
(b) Deaths	1.17	1.03	0.97	1.14	1.23	1.14	0.99	1.22	1.18	1.12	1.05
Crude birth rate per 1,000 population	20.014	19.48	17.6	20.17	19.9	18.5	18.49	21.325	20.33	20.29	16.95
Birth rate as adjusted by factor	19.81	20.26	18.4	19.97	19.3	18.5	19.78	20.046	20.33	20.09	17.11
Crude death rate per 1,000 population	11.349	14.08	13.3	11.66	11.05	12.3	13.16	12.042	12.99	11.96	12.63
Death rate as adjusted by factor	13.28	14.50	12.9	13.29	13.59	14.0	13.03	14.691	15.33	13.39	13.26
Infant mortality rate per 1,000 live births	23.60	26.96	20.3	24.72	25.87	27.3	21.40	26.117	29.37	25.66	22.03
Neonatal mortality rate per 1,000 live births	15.27	17.80	13.6	17.49	16.36	17.9	15.00	16.418	18.56	15.49	13.93
Stillbirth rate per 1,000 total births	18.89	15.65	15.3	15.91	17.38	16.4	19.23	21.766	21.18	16.31	16.17
Perinatal mortality rate per 1,000 total births	31.64	31.13	27.7	31.44	30.34	31.6	32.37	35.223	37.35	28.32	28.35
Maternal mortality rate per 1,000 total births	0.22	—	—	0.56	0.16	0.21	0.20	0.248	0.22	0.15	0.46
Tuberculosis rates per 1,000 population											
(a) Primary notifications—											
Respiratory	0.56	0.96	0.327	0.36	0.41	0.52	0.38	0.529	0.47	0.412	0.45
Non-respiratory	0.09	0.22	0.048	0.05	0.027	0.04	0.078	0.058	0.05	0.095	0.08
(b) Deaths—Respiratory	0.07	0.77	0.039	0.07	0.056	0.05	0.044	0.073	0.08	0.044	0.07
Non-respiratory	0.01	0.017	0.004	0.008	0.003	—	0.0037	0.005	0.01	0.006	0.01
Death Rates per 1,000 population from—											
Cancer (all forms including Leukaemia and Aleukaemia)	2.14	2.43	2.301	2.29	2.22	2.26	2.197	2.126	2.47	2.247	2.43
Cancer of Lungs and Bronchus	0.59	0.59	0.518	0.59	0.62	0.62	0.521	0.653	0.70	0.575	0.61
Meningococcal infections	0.003	—	0.004	—	0.003	—	—	0.004	0.01	0.003	—
Whooping Cough	0.004	—	—	0.004	0.003	—	—	0.007	—	0.003	—
Influenza	0.03	0.071	0.055	0.05	0.037	0.02	0.026	0.026	0.08	0.016	0.03
Measles	0.01	0.003	0.002	—	—	—	—	0.003	—	—	0.01
Acute Poliomyelitis and Encephalitis	0.003	—	—	—	—	—	0.0037	—	—	—	0.01
Diarrhoea (under 2 years)	0.03	0.006	0.007	—	0.003	0.02	0.0037	0.016	0.02	0.035	0.01
Diarrhoea (under 2 years) (per 1,000 live births)	1.43	0.34	0.39	—	0.17	1.05	0.200	0.761	0.83	1.721	0.83

TABLE 69

MATERNAL DEATHS—1963

Cause of Death	Age	Social Class	Leg./ Illeg.	Parity	Gestation Weeks	Ante Natal Care								Delivered		Died		Child	Previous Health	Delivery Type Hours in Labour	Death Post Partum	Anaesthetic	Period of Pregnancy at Booking			Remarks
						R.M.P.		Hospital		Midwife		L.A.C.														
						No. of Examinaions																				
						Before 36/52	After 36/52	Before 36/52	After 36/52	Before 36/52	After 36/52	Before 36/52	After 36/52	Home	Hosp.	Home	Hosp.						R.M.P.	Midwife	Hospital	
TOXAEMIA—2.																										
1. (*a*) Cerebral Haemorrhage (*b*) (*c*) Delivery of Child.	34	IV	Leg.	5	41	14	6	—	—	3	3	—	—	X	—	—	X	Normal female, alive 7 lb. Healthy.	2 severe illnesses before this pregnancy.	Normal $3\frac{1}{2}$	12 55/60 hrs.	Nil	12 wks.	31 wks.	Not booked	Fifth pregnancy, satisfactory until the 38th week, when a trace of albumen was reported with a blood pressure of 115/70. Normal delivery at 41 weeks took place and the general practitioner was summoned as the blood pressure was raised to 210/110 and the patient complained of severe headache. Her condition improved and after two hours she was completely conscious and talking. Four hours later the patient became unconscious and died later in hospital.
1. (*a*) Pontine Haemorrhage (*b*) Pre-eclampsia	26	III	Leg.	2	35	6	—	6	—	—	—	—	—	—	X	—	X	Stillborn	Good	Normal 5	4 hours	Nil	14 wks.	—	14 wks.	Second pregnancy, normal until 35th week when she was admitted to hospital with small ante partum haemorrhage and a blood pressure of 150/100. Next day her blood pressure was 160/100. On the third day patient complained of severe headache and became unconscious. She was delivered 4 hours later of a stillborn child, while still unconscious. After delivery she had two fits and died four hours later.
1. (*a*) Cardiac arrest ... (*b*) Haemorrhage. (*c*) Abortion with placenta praevia.	41	IV	Leg.	11	18	4	—	1	—	—	—	—	—	—	X	—	X	Abortion 18 weeks	1 severe illness before this pregnancy	Abortion	3 15/60 hrs.	General	—	—	13 wks.	This patient died of haemorrhage following a spontaneous abortion and operation. Owing to a deficiency in her blood, clotting did not take place.

TABLE 70

DEATHS ASSOCIATED WITH PREGNANCY—1963

Cause of Death	Age	Social Class	Leg./ Illeg.	Parity	Gestation Weeks	Ante Natal Care						Delivered		Died		Child	Previous Health	Delivery Type Hours in Labour	Death Post Partum	Anaesthetic	Period of Pregnancy at Booking			Remarks
						R.M.P.		Hospital		Midwife		L.A.C.												
						No. of Examinations																		
						Before 36/52	After 36/52	Before 36/52	After 36/52	Before 36/52	After 36/52	Before 36/52	After 36/52	Home	Hosp.	Home	Hosp.						R.M.P.	Midwife	Hospital	
1. (*a*) Cardiac arrest ... (*b*) Pulmonary oedema and broncho-pneumonia. (*c*) Mitral stenosis. (*d*) Rheumatic heart disease. 2. (*a*) Saddle aortic embolus (*b*) Mitral valvotomy. (*c*) 33 weeks pregnant.	40	IV	Leg.	9	33	1	—	Constant supervision from 11th wk. Admitted when 22 weeks to caridiac unit for 2 weeks. Readmitted when 28 weeks pregnant.		—	—	—	—	—	—	—	X	Un-delivered	Mitral stenosis with decom-pensation during 2 previous pregnancies.	—	—	General	11 wks.	—	11 wks.	Known mitral stenosis 18 years ago and was ill during her last two pregnancies. The patient had expert cardiac and ante natal care. A mitral valvotomy was performed at 33 weeks, but cardiac arrest occurred and the patient died four days after operation.
1. (*a*) Mitral valve disease (*b*) Multiple pulmonary infarcts. 2. Pregnancy.	26	IV	Illeg.	1	37	1	1	1	—	—	—	—	—	—	X	—	X	Pre-mature female 4 lb 2 oz Alive	Poor. Hyperemesis Virus pneumonia mitral stenosis.	Low forceps 11¾ hrs.	25 days	Unknown	23 wks.	—	23 wks.	Patient was first seen when 23 weeks pregnant. Hyperemesis. No heart lesion. At 24th week she was admitted to hospital with a severe acute respiratory infection, slow in responding to treatment. She discharged herself against advice four weeks later. Remained well until 36th week, when she developed cardio respiratory failure and was readmitted. A premature infant was born at 37 weeks when in congestive cardiac failure. Her condition deteriorated and she died 25 days after delivery.
1. (*a*) Post operative circulatory failure. (*b*) Acute intestinal obstruction. (*c*) Adhesions probably due to ectopic pregnancy about 16 years ago. Not pregnant.	49	IV	Leg.	4	Not pregnant	—	—	—	—	—	—	—	—	—	—	—	—	—	16 years previously operation for ectopic pregnancy.	—	—	—	—	—	—	This patient, aged 49, developed signs of intestinal obstruction while at work. She refused medical advice for 24 hours. She was admitted to hospital and operated upon for acute intestinal obstruction. Her condition after the operation was fairly good. Later she collapsed and died. It was found that part of the R. fallopian tube had been removed previously for an ectopic pregnancy approximately 16 years ago. It has not been possible to obtain any information about this ectopic pregnancy.

CITY OF LIVERPOOL

TABLE 71.

Infant Mortality during the year 1963.

Net deaths from stated causes at various ages under One Year.

CAUSE OF DEATH	Under 1 day	1 to 2 days	2 to 3 days	3 to 4 days	4 to 5 days	5 to 6 days	6 to 7 days	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total deaths under 28 days	28 days to 2 months	2 to 3 months	3 to 4 months	4 to 5 months	5 to 6 months	6 to 7 months	7 to 8 months	8 to 9 months	9 to 10 months	10 to 11 months	11 to 12 months	Total deaths under 1 year
Tuberculosis of Respiratory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
,, Meninges, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
,, Intestines, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
,, Other Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	2
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	2
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chickenpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (non-tubercular)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	7	11	5	7	4	1	3	3	6	—	1	48
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	6	6	8	7	6	1	1	—	3	1	—	39
Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	1	5	1	1	—	1	—	1	1	—	11
Malformations	21	2	5	3	8	2	2	6	2	3	54	11	3	5	2	3	1	1	1	1	1	1	84
Injury at Birth	27	6	2	—	1	—	1	—	1	—	38	—	—	—	—	—	—	—	—	—	—	—	38
Infections of Newborn	—	2	2	1	—	2	1	6	8	6	28	—	—	—	—	—	—	—	—	—	—	—	28
Other Diseases of Early Infancy	77	27	8	4	2	4	1	6	2	1	132	—	1	—	—	—	—	1	1	—	—	—	135
Other Causes	4	—	—	1	—	—	1	1	—	—	7	3	—	1	1	2	—	2	1	1	1	1	20
Totals	129	37	17	9	11	8	6	19	13	10	259	29	22	24	19	17	5	9	8	12	4	4	412

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(Total Deaths under 7 days)

Net Births in the year { Legitimate ... 14,680 / Illegitimate ... 1,095

Net Deaths in the year of { Legitimate Infants 381 / Illegitimate Infants 31

TABLE 7?

CITY OF LIVERPOOL.

DEATHS REGISTERED DURING THE YEAR 1963

CAUSE OF DEATH	SEX		AGE—BELOW																						Totals
	Males.	Females.	1	2	3	4	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	Over 90	
ALL CAUSES	4644	4264	412	14	13	9	12	26	16	37	22	44	46	82	147	250	426	644	927	1123	1316	1313	1136	646	247	8908
Class 1.—Infectious and Parasitic Diseases	64	25	10	1	2	...	...	1	1	...	...	...	1	3	5	5	7	9	8	13	9	10	2	2	...	89
,, II.—Neoplasms	907	677	1	...	2	2	3	7	5	7	5	8	8	21	38	83	119	190	241	253	250	169	110	52	10	1584
,, III.—Allergic, Metabolic Diseases, etc.	25	52	1	1	...	...	...	...	...	...	...	...	3	1	4	1	5	9	11	12	12	8	6	2	1	77
,, IV.—Diseases of the Blood	11	27	...	...	...	...	...	...	...	...	...	1	1	...	2	1	1	1	3	2	6	11	5	2	2	38
,, V.—Mental, and Psychoneurotic Diseases	43	36	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	4	13	27	17	11	4	79
,, VI.—Diseases of Nervous System	511	679	2	...	1	1	2	2	...	4	2	2	4	6	15	29	39	67	91	157	200	211	209	121	25	1190
,, VII.—Diseases of Circulatory System	1613	1453	...	...	...	...	...	...	...	1	2	7	10	21	51	83	151	235	346	393	493	499	418	246	110	3066
,, VIII.—Diseases of Respiratory System	896	745	87	6	...	1	2	5	1	...	1	1	4	6	9	21	51	93	164	209	254	260	256	144	66	1641
,, IX.—Diseases of Digestive System	108	116	17	1	1	...	...	...	1	1	...	3	...	3	5	3	15	20	19	38	29	32	22	11	3	224
,, X.—Diseases of Genito-urinary System	65	50	...	...	...	...	...	1	...	...	1	2	3	4	3	5	10	4	5	13	11	19	25	5	4	115
,, XI.—Diseases of Pregnancy	..	4	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	4
,, XII.—Diseases of Skin	5	5	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	...	3	1	...	1	...	10
,, XIII.—Diseases of Bones	5	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	5	2	2	7	6	2	1	27
,, XIV.—Congenital Malformations	50	56	84	4	2	...	...	2	1	4	1	1	1	1	1	2	...	...	...	1	1	...	...	...	...	106
,, XV.—Diseases of Early Infancy	113	88	201	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	201
,, XVI.—Senility and Ill-defined Diseases	12	34	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	2	8	10	12	10	46
,, XVII.—Deaths from Violence	216	195	8	1	5	5	5	8	7	20	10	18	10	16	12	14	25	13	31	25	31	51	50	35	11	411
Class 1.—Tuberculosis of Respiratory System	41	13	...	...	...	...	...	...	...	...	...	...	...	2	5	4	5	6	4	11	7	6	2	2	...	54
Tuberculosis of Meninges, etc.	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Tuberculosis of Intestines, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Other Organs	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3
Syphilis	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	3	...	...	...	7
Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	2	3	2	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Meningococcal Infections	3	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	2	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	2
Other Infectious Diseases	8	5	3	...	...	...	...	...	...	...	...	...	1	1	...	1	1	2	2	1	—	1	...	...	...	13
Class 2.—Malignant Neoplasm of Buc. Cavity	13	14	...	...	...	...	...	...	...	...	...	...	1	...	1	1	3	2	5	2	5	...	3	4	...	27
Malignant Neoplasm of Digestive Syst.	249	235	...	...	...	...	...	...	...	...	1	...	...	2	7	21	36	40	64	84	77	72	50	27	3	484
Malignant Neoplasm of Respiratory Syst.	407	76	...	...	...	...	...	...	...	...	...	1	1	3	13	22	36	84	97	87	83	34	19	2	1	483
Malignant Neoplasm of Breast	1	90	...	...	...	...	...	...	...	...	...	...	2	5	5	8	12	11	10	8	12	11	6	1	...	91
Malignant Neoplasm of Cervix & Uterus	...	52	...	...	...	...	...	...	...	...	...	1	...	3	2	6	5	9	7	9	3	6	1	...	...	52
Malignant Neoplasm of Other Sites	207	188	1	...	2	2	...	3	2	4	2	6	4	6	7	21	21	40	55	56	67	42	30	18	6	395
Leukaemia	25	16	...	...	...	..	3	3	1	2	1	...	...	2	3	3	4	3	3	6	3	4	...	...	...	41
Benign Neoplasms	5	6	...	...	...	...	...	1	2	1	1	...	...	...	...	1	2	1	...	1	...	...	1	...	...	11
Class 3.—Thyrotoxicosis	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	3
Diabetes mellitus	7	30	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	4	6	6	9	6	3	1	...	37
Other Allergic diseases, etc.	18	19	1	1	...	...	...	...	...	...	...	...	3	1	3	1	4	5	5	5	2	2	3	1	...	37
Class 4.—Anaemias	8	25	...	...	...	...	...	...	...	...	...	...	1	...	2	1	...	1	2	2	6	9	5	2	2	33
Other Diseases of Blood	3	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	2	...	...	...	5
Class 5.—Psychoses and Psychoneurotic Disorders	43	36	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	4	13	27	17	11	4	79
Class 6.—Vascular Lesions of Central Nervous Syst.	473	650	...	...	...	...	...	...	...	2	...	1	1	6	10	28	36	62	87	148	191	199	207	120	25	1123
Meningitis	4	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	1	...	...	...	6
Epilepsy	8	3	...	...	1	...	1	...	...	2	...	1	1	...	3	...	...	...	1	...	...	1	...	...	...	11
Otitis Media and Mastoiditis	...	2	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2
Other Diseases of Nervous System	26	22	...	...	...	1	1	2	...	...	1	...	1	...	1	1	3	4	3	8	9	10	2	1	...	48
Class 7.—Rheumatic Fever	5	7	...	...	...	...	...	...	...	...	...	1	...	2	3	...	...	2	1	2	1	...	...	...	...	12
Chronic Rheumatic Heart Disease	33	84	...	...	...	...	...	...	...	...	2	4	4	4	10	12	14	21	11	12	9	6	5	2	1	117
Arteriosclerotic, etc. Heart Disease	1304	1039	...	...	...	...	...	...	...	...	...	...	4	11	31	62	116	179	287	309	373	386	304	193	88	2343
Other Diseases of Heart	109	109	...	...	...	...	...	...	...	...	...	...	1	1	3	1	9	10	17	24	40	48	41	15	8	218
Hypertensive Disease	91	142	...	...	...	...	...	...	...	...	...	2	...	3	2	5	8	11	22	25	41	38	44	24	8	233
Other Diseases of Circulatory System	71	72	...	...	...	...	...	...	...	1	...	...	1	...	2	3	4	12	8	21	29	21	24	12	5	143
Class 8.—Influenza	7	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	2	3	4	2	3	...	19
Bronchopneumonia	338	444	47	2	...	1	1	3	...	...	...	...	1	2	2	2	13	23	41	70	120	147	164	94	49	782
Pneumonia	27	33	1	1	...	...	1	2	...	...	...	...	...	...	...	4	2	...	5	6	9	11	10	5	3	60
Bronchitis	501	230	39	3	...	...	...	...	...	...	1	...	2	2	6	12	30	63	111	126	115	92	77	40	12	731
Pleurisy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases	23	26	...	...	...	...	...	...	1	...	...	1	1	2	1	3	5	5	5	5	7	6	3	2	2	49
Class 9.—Ulcer of Stomach	41	18	1	...	...	...	...	...	...	1	...	...	...	...	1	...	1	10	6	3	13	10	9	3	1	59
Gastritis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Appendicitis	3	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	...	1	...	...	1	...	1	...	7
Intestinal Obstruction and Hernia	15	29	2	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2	3	10	6	5	8	4	...	44
Gastro-Enteritis	13	28	11	1	1	...	...	...	1	...	...	1	...	1	...	...	4	2	3	4	3	6	2	1	...	41
Cirrhosis of Liver	15	20	...	...	...	...	...	...	...	...	...	...	...	1	3	2	4	1	3	15	2	4	...	...	...	35
Cholelithiasis	5	5	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	2	4	1	...	...	10
Other Diseases of Digestive System	15	12	3	...	...	...	...	...	...	...	...	1	...	1	...	...	1	3	2	5	3	2	2	2	2	27
Class 10.—Acute and Chronic Nephritis	21	16	...	...	...	...	...	1	...	...	...	2	3	1	3	3	4	1	1	4	5	4	3	...	2	37
Other Diseases of Kidneys	16	27	...	...	...	...	...	...	...	...	...	...	...	3	...	2	6	...	3	6	4	8	9	1	1	43
Hyperplasia of Prostate	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1	4	11	2	1	23
Other Diseases of Genito-Urinary System	5	7	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	1	1	3	2	2	...	12
Class 11.—Sepsis of Pregnancy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Pregnancy	...	4	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	4
Class 12.—Diseases of Skin	5	5	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	...	3	1	...	1	...	10
Class 13.—Diseases of Bones	5	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	5	2	2	7	6	2	1	27
Other Diseases of Organs of Movement	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class 14.—Congenital Malformations	50	56	84	4	2	...	...	2	1	4	1	1	1	1	1	2	...	...	...	1	1	...	...	...	...	106
Class 15.—Birth Injuries	21	17	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	38
Infections of Newborn	16	12	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28
Other Diseases of Early Infancy	76	59	135	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	135
Class 16.—Senility and Ill-Defined Diseases	12	34	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	2	8	10	12	10	46
Class 17.—Road Accidents	55	31	...	...	2	2	3	7	4	8	5	3	3	5	2	3	3	4	7	5	8	6	4	2	...	86
Other Violent Causes	115	136	8	1	3	3	2	1	3	9	3	8	4	6	4	6	10	4	18	15	20	37	42	33	11	251
Suicide	46	28	...	...	...	...	...	...	...	3	2	7	3	5	6	5	12	5	6	5	3	8	4	...	...	74
TOTAL MALES	4644	...	220	9	8	9	10	13	8	26	16	32	24	46	90	161	285	431	624	654	703	561	422	227	65	4644
TOTAL FEMALES	...	4264	192	5	5	...	2	13	8	11	6	12	22	36	57	89	141	213	303	469	613	752	714	419	182	4264

TABLE 73

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1963.

Disease.	Number of Cases Notified.													Total Deaths
	At all Ages.	At Ages—Years												
		Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—	
Diphtheria	3	—	—	—	1	—	2	—	—	—	—	—	—	—
Scarlet Fever	495	3	12	32	59	66	292	22	5	4	—	—	—	—
Enteric Fever including Paratyphoid)	8	—	1	—	2	—	1	—	—	2	—	2	—	—
Puerperal Pyrexia	356	—	—	—	—	—	—	2	55	261	38	—	—	—
Pneumonia	349	83	34	21	13	7	20	7	8	25	14	66	51	79
Cerebro-spinal Fever	15	4	1	4	—	—	4	1	—	—	—	1	—	3
Poliomyelitis (Paralytic)	1	—	—	—	—	—	—	1	—	—	—	—	—	—
Dysentery	383	52	73	46	37	29	63	17	4	19	4	9	30	1
Ophthalmia Neonatorum	97	97	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	26	—	—	—	—	—	—	—	1	4	3	12	6	—
Malaria	10	—	—	—	—	—	—	—	—	5	3	2	—	—
Measles	4827	394	732	925	773	634	1292	57	13	7	—	—	—	2
Whooping Cough	1762	239	291	316	215	204	433	45	10	9	—	—	—	5
Food Poisoning	63	8	10	4	4	4	3	2	2	7	4	9	6	—
Anthrax	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Typhus Fever	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Totals	8397	880	1154	1348	1104	944	2110	154	98	344	66	102	93	90

TABLE 74

TUBERCULOSIS

Analysis of New Cases 1963

1963	NATURE OF DIAGNOSIS							TYPE OF TUBERCULOSIS						ETHNIC GROUP		HOUSING CONDITIONS					
WARD	Illness	Contact	Mass Radiography	Routine Adult Examination	Child Welfare Examination	School Health Examination	Other Examination	Pulmonary Tuberculosis	Tuberculous Meningitis	Bone and Joint Tuberculosis	Tuberculous Adenitis	Abdominal Tuberculosis	Kidney and Other sites	United Kingdom	Other	Satisfactory—Separate House	Rooms Only	Institution	Other	Separate Bedroom	Separate Bed
Abercromby ...	11	1	1	—	—	—	1	13	—	—	—	—	1	11	3	5	5	—	2	3	2
Aigburth	3	—	3	—	—	1	—	6	—	1	—	—	—	7	—	5	1	1	—	1	—
Allerton	5	1	—	—	—	1	—	7	—	—	—	—	—	7	—	6	—	—	1	2	2
Anfield	5	1	1	1	—	—	1	8	1	—	—	—	—	9	—	7	—	—	—	2	3
Arundel	5	1	2	1	—	—	—	6	—	2	—	—	1	8	1	6	3	—	—	3	5
Breckfield	6	2	—	—	—	1	—	8	1	—	—	—	—	9	—	5	1	—	—	—	—
Broadgreen... ...	6	1	—	—	—	1	—	5	—	—	—	1	2	7	1	7	—	—	—	—	—
Central	16	1	1	—	—	—	—	18	—	—	—	—	—	16	2	13	—	2	2	6	8
Childwall	10	2	—	—	—	—	—	11	—	—	—	1	—	12	—	5	—	—	—	4	—
Church	6	1	—	—	—	—	—	7	—	—	—	—	—	7	—	6	—	—	1	3	—
Clubmoor	4	—	—	—	—	—	—	4	—	—	—	—	—	4	—	3	—	1	—	1	1
County	5	—	1	—	—	—	—	5	—	—	—	1	—	5	1	3	—	1	—	—	1
Croxteth	4	1	—	—	—	—	—	5	—	—	—	—	—	5	—	5	—	—	—	1	1
Dingle...	4	6	—	—	1	1	—	12	—	—	—	—	—	12	—	10	—	1	—	1	5
Dovecot	6	1	2	—	—	—	1	10	—	—	—	—	—	10	—	8	—	—	—	3	4
Everton	11	2	1	—	—	1	—	12	1	—	—	2	—	15	—	8	1	1	—	—	3
Fairfield	14	2	—	—	—	—	1	17	—	—	—	—	—	17	—	6	6	—	1	1	1
Fazakerley	3	3	1	2	—	—	—	9	—	—	—	—	—	9	—	7	1	—	—	1	1
Gillmoss	7	4	—	—	—	—	—	10	—	1	—	—	—	11	—	9	—	1	—	2	1
Granby	10	2	1	—	—	—	2	13	—	1	—	1	—	12	3	5	6	1	—	1	2
Kensington... ...	11	1	1	1	—	—	—	12	—	—	—	—	2	14	—	7	1	—	—	1	1
Low Hill	5	2	—	2	—	—	—	9	—	—	—	—	—	9	—	6	—	—	—	2	1
Melrose	12	3	1	—	—	—	1	16	—	—	—	—	1	16	1	9	1	6	1	3	3
Netherfield... ...	4	1	1	—	—	—	—	5	—	—	—	1	—	6	—	4	—	—	—	—	—
Old Swan	9	—	—	—	—	1	1	10	—	—	—	—	1	11	—	9	2	—	—	4	—
Picton...	7	1	1	1	—	—	1	9	—	—	2	—	—	10	1	8	4	—	—	4	1
Pirrie	3	1	—	—	—	—	—	4	—	—	—	—	—	4	—	4	—	—	—	1	—
Princes Park ...	11	1	—	—	—	—	—	10	—	—	2	—	—	10	2	7	1	—	—	5	—
St. Domingo ...	7	11	—	—	—	—	—	16	—	—	—	1	1	18	—	4	1	—	1	2	—
St. James	11	1	5	3	—	—	2	20	—	1	—	1	—	15	7	8	1	6	6	2	—
St. Mary's	4	—	2	—	—	—	—	5	—	1	—	—	—	6	—	2	—	1	—	3	5
St. Michael's ...	3	—	1	—	—	—	2	6	—	—	—	—	—	6	—	2	2	2	—	2	1
Smithdown... ...	8	4	—	1	—	—	—	12	—	—	—	1	—	9	4	8	—	—	—	2	—
Speke	13	3	5	—	—	1	1	20	1	1	1	—	—	23	—	20	—	—	—	1	1
Sandhills	5	—	1	—	—	—	—	6	—	—	—	—	—	6	—	5	1	—	—	1	1
Tuebrook	2	—	—	1	—	—	1	3	—	1	—	—	—	4	—	1	3	—	—	2	—
Vauxhall	12	—	1	—	—	—	—	12	—	—	—	1	—	13	—	9	2	—	1	—	1
Warbreck	8	—	4	2	—	—	—	11	—	—	2	1	—	13	1	9	1	4	—	2	1
Westminster ...	3	—	—	—	—	—	—	3	—	—	—	—	—	3	—	3	—	—	—	—	—
Woolton	11	2	4	—	—	1	—	16	—	1	—	1	—	15	3	12	—	1	1	2	3
TOTALS ...	290	63	41	15	1	9	15	391	4	10	7	13	9	404	30	266	44	29	17	74	59

TABLE 75

TUBERCULOSIS—AGE GROUPS 1963

WARD	−1		1		2		3		4		5–9		10–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70–74		75–79		80+		Totals		Ward Population	Rate per 1,000
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Abercromby ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	3	1	1	—	1	—	1	1	2	1	—	—	—	—	—	—	—	—	—	—	10	4	14,400	0.97
Aigburth	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	2	5	21,810	0.32
Allerton	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	5	2	15,920	0.44
Anfield	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	1	1	—	—	—	1	—	—	1	—	—	—	1	—	—	6	3	21,650	0.42
Arundel	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	1	1	1	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	5	4	19,540	0.46
Breckfield	—	—	—	1	—	—	2	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	4	5	17,060	0.53
Broadgreen... ...	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	1	—	—	—	—	1	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	5	3	17,730	0.45
Central	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	—	—	2	—	—	—	1	2	—	—	4	1	1	—	1	1	—	—	—	—	—	—	12	6	12,950	1.39
Childwall	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	1	—	—	1	1	1	—	—	1	—	—	2	1	—	—	—	—	—	—	—	—	—	—	6	6	27,360	0.44
Church	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	5	2	21,630	0.32
Clubmoor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	2	2	17,360	0.23
County	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	4	2	20,890	0.29
Croxteth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	2	3	18,260	0.27
Dingle...	—	—	—	—	—	—	—	—	—	—	1	2	2	—	—	1	—	—	—	1	—	1	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	6	6	18,350	0.65
Dovecot	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	—	1	1	1	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	7	3	22,530	0.44
Everton	1	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	1	—	—	2	—	—	1	—	—	—	2	—	—	1	2	—	—	—	—	1	—	1	—	—	—	11	4	14,500	1.03
Fairfield	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1	4	—	1	1	1	—	—	1	—	—	1	1	—	—	1	—	—	—	1	—	—	—	1	—	—	6	11	20,810	0.82
Fazakerley	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	1	—	1	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	6	17,680	0.51
Gillmoss	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	2	—	1	—	1	1	—	1	—	—	1	—	—	—	—	1	—	—	—	4	7	25,060	0.44
Granby	—	—	1	1	1	—	—	—	—	—	—	3	1	—	—	—	—	2	—	1	1	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	8	7	16,840	0.89
Kensington... ...	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	2	1	1	—	1	—	1	—	—	—	1	—	—	1	1	—	—	—	—	1	—	—	—	—	1	—	10	4	18,360	0.76
Low Hill	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	2	—	—	—	1	1	1	1	—	—	—	—	—	—	—	—	5	4	14,140	0.64
Melrose	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2	—	2	—	2	—	1	—	—	—	2	1	3	1	—	—	1	—	14	3	14,350	1.18
Netherfield... ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	—	—	—	1	—	—	—	—	—	5	1	10,880	0.55
Old Swan	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	1	—	2	—	2	—	—	1	—	—	—	1	—	9	2	22,600	0.49
Picton...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	2	—	—	—	1	—	1	—	1	—	—	—	—	—	1	1	—	—	8	3	21,350	0.52
Pirrie	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	3	1	25,570	0.16
Princes Park ...	—	—	—	—	1	—	—	1	—	—	2	—	2	—	1	—	—	1	—	—	—	—	2	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	9	3	19,910	0.60
St. Domingo ...	—	1	2	—	—	—	1	—	—	1	—	—	1	2	1	1	—	—	1	—	1	—	—	1	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	12	6	17,740	1.01
St. James	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	1	—	1	—	1	4	2	—	—	1	2	—	1	—	—	1	—	—	1	—	1	—	1	—	14	8	15,280	1.44
St. Mary's	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	3	3	16,880	0.36
St. Michael's ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	3	3	15,630	0.38
Smithdown... ...	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1	—	2	1	1	—	—	—	—	—	—	1	—	2	—	—	1	1	—	—	—	—	—	—	—	—	6	7	18,080	0.72
Speke	—	—	—	—	1	—	—	—	—	—	1	—	1	1	—	—	2	1	1	2	1	1	—	1	2	2	—	—	2	1	2	—	—	1	—	—	—	—	—	—	—	13	10	22,080	1.04
Sandhills	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	3	3	11,840	0.51
Tuebrook	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	3	19,450	0.21
Vauxhall	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1	4	—	—	1	1	—	—	1	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	6	7	14,670	0.89
Warbreck	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	1	1	—	1	1	—	1	—	1	—	1	—	1	—	—	—	—	—	—	1	—	1	—	—	9	5	19,680	0.71
Westminster ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	1	10,550	0.28
Woolton	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	4	1	1	—	1	1	1	—	—	2	—	—	1	—	2	—	—	—	1	—	—	—	—	—	—	—	11	7	28,370	0.63
TOTALS ...	2	1	7	2	7	3	6	7	3	1	6	10	9	13	8	10	19	33	12	17	15	11	16	12	24	10	23	12	21	8	33	9	15	4	9	5	8	4	10	2	6	1	259	175	—	—
	3		9		10		13		4		16		22		18		52		29		26		28		34		35		29		42		19		14		12		12		7		434		739,740	0.59